(ARGIN RESERVED FOR BINDING

10555

1. PLACE OF DEATH	
County Nashington	Registration Dist. No. 30 2
Village or City Halfallow	No. Sefterson St. 4 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
1101 1	uss
(a) Residence: No. Jagestown Ind RZD	7 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Catherine Brumbaugh	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 16 1851	liest saw have alive on Oct 10 ,1974; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated abova, at & 43 a.m.
03 3 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Dustella
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Land I A
Spentin tins	The Hard of the second
As land	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) // MANUAL ON (State or country)	
	andely
13. NAME Yes adams 14. BIRTHPLACE (city or town) Md	News of a section
14. BIRTHPLACE (city or town) MC (State or country)	Neme of operation
15. MAIDEN NAME Harriett Reply	Whet tast confirmed diagnosis? Was there an autopsy? 23. If daeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Carriett Reph	Accident, suicida, or homicide? Date of injury, 19
E (State or country) MM	Whare did injury occur?
17. INFORMANT Aug Robert Schamel (Addrass) Lagamers ma	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place middleburg Pa Data 10/13, 1934	Manner of injury
660H	Nature of Injury
19. UNDERTAKER Willer 4 7400 CANDERTAKER (Address) Waynestown Pa	24. Was disaasa or injury in any wey releted to occupation of deceasad?
10-11-1211. 10/11/2	(Signed) M.D.
20. FILED 1977 Registrar.	(Addrass) 23 ecolos my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I	And the state of t	Example II	
The principal cause of dea of importance were as foll		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MULTIN TO TOO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	41.4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	B2134291	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			6	
				. ,

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10550
1. PLACE OF DEATH .	<u> </u>
County Washing ton	Registration Dist. No. 30 2
Village or City Hateistow	NO. 4/6 /2 Vinginia Que: St. 2, Wa
σ	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurred	os
2. FULL NAME Stillery Infant Baker	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TOUR 26, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	21 HORSERY CERT OF I That I attended deceased
10-26-1931	Dill'Inox
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If ESS than	last saw h
7. AGE Years Months Days If 1 ESS than 1 day,hrs	to have occurred on the date stated above, at I
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	J.000008
U 10. Date deceased last worked at 11. Total time (years)	7 33 0000
O this occupation (month and spent in this occupation occupation	
Ha e ta	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Deganstana Inothe (tomo)
13. NAME Alvin Everhant Baker	- Pannesson on the Chinash
Ξ	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
~ 1.01 1 10	What test confirmed diagnosis? Was there an autopsy?
7	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT Alun C. Bakes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL 1	
Place Transfathurs nemions 0 27,19X	Manner of injury
19. UNDERTAKER father	24. Was disease or injury in an way related to occupation of deceased?
(Address) Act HA	If so, specify
20. FILED 10-21-1934 & KASHY DEWEN	(Signed)
Registrar.	(Address) Holy WHYNN, 170
If more blanks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		200 9 APR	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(5)
county Washington	Registration Dist. No. 30/
Village grein Williams port	No. 430. Fly lizar, st. Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give as NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME TOWN B. BOOK	Joseph Ortologia Unititization Justine
	Y
(a) Residence: No. 43 (Usual place of (bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male While Married	(Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
· (or) WIFE of Elsie V. Harsh	ruly 2 1934 to Oct 29 10 3
6. DATE OF BIRTH (month, day, end year uly 27 - 1867	I last for h sine ative on Oct. 29 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10.32 m.
67 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence with as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Carcenoma of rostate 4/1/2
SAWYER, BODKKEEPER, etc.	and anterior (aladder)
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occurrent of chapter and the state of the control of the control of the control of the control of the chapter and the state of the control of the c	walk
2 Maint In Charles Charles and 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- McCompasses
year) occupetion occupetion OUVS_	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) X V . 1 . Q VAS D W	
(State or country)	
13. NAME W H Seard. 14. BIRTHPLACE (city or town) Clears Pring	
14. BIRTHPLACE (city or town) LLUXS QVING (State or country)	Name of operation wotate formy Dete of 7/2/34
	What test confirmed diagnosis? Was there an autopsy? Zaza
15. MAIDEN NAME SUSON SU	23. If death was due to external ceuses (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17 INFORMANT MYS Elsie Beard	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Williams port ma	
18. BURIAL, CREMATION, OR REMOVAL Place 11: 10 Deta Oct 31 1934	Manner of Injury
Place U. J. Lanca 1981 Dete 9 1 1997	Nature of injury
19. UNDERTAKER A. R. Cuxxmau	24. Was disease or injury In any way related to occupation of deceased? W
(Address) Hagerstown. Wed	If so, specify ALB
20. FILED. CLUB 9, 1934 10. To STICKORD. Registrar.	(Signed) M.D.
Kegistrar.	(Address) Algersowy, Mg

D.B:nHley

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Gallstones	May 1,1923	Gastroenteritis	1 year
	4.5		

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE

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FATHER

MOTHER important.

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR-REMOVAL

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

plnods

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. No. VCaSh Ca Hospital St, 2 (Il death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) Il nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of HEREBY CERTIFY. That I attended deceased from DYND 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Years Davs If LESS than I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Dats of onset & Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _101

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury____

Other Contributory Causes of importance:

Name of oderation

Where did injury occur?. (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury,

24. Was disease or injury In any way related to occupation of deceased?

If so, specify (Signed)

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Registrar.

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Example I	i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NO PERSONAL PROPERTY.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Washington Registration Dist. No. 30 Village or City Wag challen No. Pol Hamilton Blud.St., (If death occurred in a horpital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
Village or City Wag harming Mo. Pol Hamilton Blud. St., (If death occurred in a horpital or institution, give its NAME instead of street and number	er) ds.
(If death occurred in a horpital or institution, give its NAME instead of street and number	er) ds.
(If death occurred in a horpital or institution, give its NAME instead of street and number	ds.
2. FULL NAME Mary Jane 12 born	
(a) Residence: No. 504 Marulton Palud St., Ward. (Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) 21. DATE OF DEATH Color or RACE 23, 193	4
5a. If married, widowed, or divorced HUSBAND of 22 LHEREBY CERTLEY That Lettended decea	(Tear)
HUSBAND of (or) WIFE of Philip Bloom 22. April 15 1034, to Oct 23	ased from
o. Date of Bikin (month, day, end yeer)	ath Is said
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 2,43 a.m.	
7 / 8 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	- tools
8 Trade profession or particular	415/34
SAWYER, BOOKKEEPER, etc. Caused by a fall ourse	
9. Industry or business In which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month end spant in this She became dissuration and fell to the Classes	
year) occupation occupation	
12. BIRTHPLACE (city or town) County Other County Texminal Bronche Promotion 10 (State or country)	7/21/34
W 13. NAME William Reck	
13. NAME William Reck 14. BIRTHPLACE (city or town) Near Namour Name of operation None Date of	
(State or country) Pa Whet test confirmed diagnosis? Clebus Was there an autop	sy?
15. MAIDEN NAME Phaguite Mattin 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury	, 19
(Stete or country) Where did injury occur? Hagarataran Washington Country of (Specify city or town country and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	md.
17. INFORMANT WWW. Muttie Wilso Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Nageratorin ma in her come.	
18. BURIAL, CREMATION, OR REMOVAL Place Pl	
19. UNDERTAKER Scatt 7 Minish John 24. Wes disease or injury in any way related to occupation of deceased? NO (Address)	
(Address) Augustus (Signed) 1754Washest	M. D
20. FILEO /	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 1634			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	CERTIFIC	ATF	OF	DFA'	TH
JIAIL			.AIV	CLIVIIII			DLA	

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1. PLACE OF DEATH				48)		
	county Washin	aton		· · · · · · · · · · · · · · · · · · ·	Registration Dist. No	303
	Village or City Swic	Hlevs	~~~~~~~	No.		St.,Ward
	Length of residence in city or town where	death occurred	yrs. S. mos	death occurred in a hospital or institut	ion, give its NAME instead of stre foreign birth?yrs	et and number)mosds.
:	. FULL NAME Claya	L. 1	Juy K-	٧		
	(a) Residence: No. 5 p	: alder : (Usual place of	of abode)	St.,Ward.	If nonresident give city or to	wn and State
	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)				21. DATE OF DEATH	ct 25-	193
5a.	If married, widowad, or divorced	IVVICEY	ried		(Month) (Day)	(Yaer)
	HUSBAND of (or) WIFE of & Cemu	· H le.		1 HEREBY	CERTIFY, That I at	tendad deceased from
6.	DATE OF BIRTH (month, day, and year)	We 18	- 1872	I last saw here aliva on	10-20	
-	AGE Years Months	Days	If LESS then	to have occurred on the date states		
	62 4	17.	I dey,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related causes of importanc	
Z	8. Trada, profassion, or perticuler kind of work dona as SPINNER.		- \			Date of onset
TI	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	10 useu	3:4	Caunon	- (glin)	1977
OCCUPATION	work wes dona, as SILK MILL, SAW MILL, BANK, etc				Negene)	
000	10. Date decaased last worked at this occupation (month and (A 3	11. Total tin	ne (years)			
	year) Waar)	occur	pation to yrs	Other Contributory Causes of impor	******	
12. BIRTHPLACE (city or town) Spickless -				Other Countributory Causes of Impo	italice.	18-00
~	(State or country)	m	d	^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
FATHER	13. NAME C THO Y	netcal	X			
FAT	(State or country)			Name of operation	Da	te of
02				What test confirmed diagnosis?	Was the	era an autopsy?
THE	E Santa Social			23. If death was due to external caus		
O 16. BIRTHPLACE (city or town) 3 10 10 10 10 10 10 10 10 10 10 10 10 10				Accident, suicida, or homicide? Where did injury occur?		, 19
17.	INFORMANT Samuel +	H Bus	de e	Specify whether Injury occurred in	(Specify city or town, county a	nd State) LIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	ess. L	~			***************************************
	Place & Trauls Ce	upate Oct	27,1934	Menner of injury		
19.	UNDERTAKER TILL CON	xxim au		24. Was disease or injury In any wa	y related to occupation of decees	ad? Zw.
00	10-11 21C X	mer M	200110	If so, specify (Signed)	white	M. D.
20.	FILED CLUICE , 190 T Ke	Lou	Registrar.	(Addrass)	29 unto	LE
	If more	blanks are needed, ad	Idress State Registrar,	2411 N. Charles Street, Baltimore, Req	Justing V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH Washington	STATE OF MARYLAND U502 CERTIFICATE OF DEATH
Village or City Hagarstown (No. Washing	Registration Dist. No. 322 Registration Dist. No. 322 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Guigle	16 DATE OF DEATH /0 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (0 - 20 - 1934 (Month) (Day) (Year)	10/20, 1924, to 10/20 , 19234, that I last saw him alive of Find at Birih, 191,
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10 R m. The CAUSE OF DEATH * was as follows: Accidental
a) Trade, profession, or particular kind of work (b) General nature of industry	Lutru mental Delivrez
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Gilbert Buston;	(Signed) 12 row biblicles M. D.
11 BIRTHPLACE OF FATHER (State or country Presented No. 12 Maiden NAME Liga, Mewcomer)	*State the Disease Causing Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother liga, Plewcomer 13 BIRTHPLACE OF MOTHER (State or country) Bewer Creek, Was	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Ia ths ef deethyrsmes,ds. Stete,yrsmes,ds. Where was disease centracted,
(Informant) Harry Mew Comer	if net at place of deeth? Fermer or usuel residence
15 10/201 34 blastibuers	Beaver Cree MA DATE OF BURIAL ST. 199 34 Appress
Filed REGISTRAR If more blanks are needed, address State Registrar, 1	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gensus and American Public Realth Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salcsman, (b) Grocery; (a) Foreman, Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," should be (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound. of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," ctc. State cause for which mus," "Old Age," "Shock." "Ura mia," "Weakness," ges, perilonaeum, ctc., Carcinoma, Sarcoma, ctc., of to determine definitely. Examples: Accidental drowning, etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never report mere The contributory (secondary or intercuretc.), g., sepsis, telanus) may be stated "Dropsy," "Exhaustion," ACCIDENTAL, Whooping

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1056.	2
1. PLACE OF DEATH	109)	,
County Washing story	Registration Dist. No. 302	-
Village or City Hagkiston	No. 135 M Mulhing St., 4 W death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
Length of residence in city or town where deeth occurred 74 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) A C. ds. How long in U.S. if of foreign birth?yrsmos,	ds.
2. FULL NAME Cla C Carpenter		
(a) Residence: No. / 35 M. Mulberry (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word) White Se. If, married, widowed, or divorced	21. DATE OF DEATH 3 (Month) (Dey) (Yeer	r)
(or) WIFE of Henry Carpenter	22. I HEREBY CERTIFY. That I attended deceased	
6. DATE OF BIRTH (month, day, end yeer) ang 5- 1860	I last sew h; death is	
7. AGE Yeers Months Deys If LESS then 1 dey, hrs. or min.	to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of o	
8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Lobar pneumonia 9/2	5/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and		
10. Dete deceesed last worked at this occupetion (month end year)		
12. BIRTHPLACE (city or town) Funkstown (Stete or country)	Other Cantributary Causes of Importence: Myacardasis (Chaonic)	yr.
13. NAME andrew & Egler	TOWNS,	
13. NAME andlew & Egler 14. BIRTHPLACE (city or town) Franklin County (State or country)	Name of operation Dete of	
15. MAIDEN NAME and E Mc Gee	Whet test confirmed diagnosis? Wes there an autopsy? 23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:	
16, BIRTHPLACE (city or town) Franklin County (State or country)	Accident, suicide, or homicide?	
17. INFORMANT/M Frank Carpenter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE Funkstown Md Dete Oct 6, 1934	Menner of injury	
19. UNDERTAKER Scott 7. Minnieh 9. Son (Addiess)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 10-5-, 1934 Chast Boors. Registrar.	(Signed) Hagerstown Md.	M. D.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

	County Wa	sheug !	ton		Registratio	n Dist. No. 3	07
	Village or City	farrows	burg md	No.	hospital or institution, give its NA!	42	Wa
	Langth of residence in	city or town where	death occurredyrs		long in U.S. If of foreign birth?		
2	. FULL NAME?	Mary Jo	ene Carter				
	(a) Residence: No.		(Usual place of abode)	St.,	Ward. If nonreside	nt give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS				EDICAL CERTIFICAT	E OF DEATH		
3. 5	temal 1	LOR OR RACE	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the		F DEATH Oct (Month)	/ C (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of			22.	HEREBY CERTII	F-Y. That I attende		
	(or) WIFE of	2		- Oct	16 ,1934, to	Det 16	, 19_3
6. DATE OF BIRTH (month, day, and year) OCX- /6, 1934			34 I last saw h	alive on	, 19	; death is s	
7. A	AGE Yaars	Months	Days If LES		on the date stated above, at		
			William .	were as follows:	CAUSE OF DEATH and related ca	usas of importance	Date of on
S	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc				rule of the		
AT	9. Industry or business	EEPEK, etc in which	het				
OCCUPATION	9. Industry or business work was done, a SAW MILL, BANK	s SILK MILL, (, etc	110			***************************************	
0	10. Date deceased last v	nonth and	11. Total tima (years) spent In this				
	year)		occupation	Other Contributes	y Causes of importance:		
12.	State or country)	n) 700	is some	nus			
œ	13. NAME	11	On a				
FATHER		man his	Corece				
FA	14. BIRTHPLACE (city or (State or country		The City		1		9
2	15. MAIDEN NAME Z	100000	KO : C.		ed diagnosis?(VIOLENCE)		
MOTHER		161	-		a to extarnal causas (VIOL ENCE) or homicide?		- 74
₹	16. BIRTHPLACE (city or (State or country		winter at	Whare did injury		. Date of injury	, 13
17	INFORMANT -	my H	Caron		(Specify city njury occurred in INDUSTRY, In F	or town, county and S HOME, or In PUBLIC I	tale) PLACF.
17.	(Address)	your	Lung	mS			
18.	BURIAL, CREMATION, OR	REMOVAL	DAG.	Manner of injury	**********		
	Place	- stille	- Date Date	19_5/ Nature of injury_			
19.	UNDERTAKER (Address)	Bur	souly of	24. Was disease or	injury in any way related to occu	pation of daceased?	
	FUED Oct 17th	1034 tom	nelius H. Coro	The (Signed)	06 Vonu	sae.	<i>(</i>

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HOV 5 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state Exact statement of OCCUPA-

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20. FILED.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
	1. PLACE OF DEATH	10353		
1	county Washington	Registration Dist. No. 30 2		
	Village or City Breatheds wille			
	(IF	death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth? yrs. mos. ds.		
	2. FULL NAME / artholowew V.	L. Charley		
	(a) Residence: No. Breathe deville	lust, Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORGED (write the word)	21. DATE OF DEATH		
	male White single	(Month) (Day) (Year)		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
	(01) 11/12 01	7/6 1934 to 10/12 1934		
e.	6. DATE OF BIRTH (month, day, end year) Fiel 24" 1861	I lest saw h carelive on 10/11 , 1934; deeth Is said		
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 a.		
rtit	73 7 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	Z 8. Trade, profession, or particular	Date of onest		
Jo:	North of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this prognetion (month and this prognetion (month and this prognetion).	Chron Chiastantis		
back	9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	Chrune Replinitio.		
q u	10. Dete deceased last worked at 4 11. Total time (years)	Chronic Chematio		
s on	this occupetion (month and ///2 6 spent in this 4545	arth n'fes		
ion	1 . 10 . 1 . 100	Other Cantributary Causes of importance:		
uct	12. BIRTHPLACE (city or town) / Status (State or country)			
instructions				
	13. NAME A. Sos. C. Chavey 14. BIRTHPLACE (city or town). Wash- Co.	Name of operation		
See	(Stete or country)	Traine of operations		
ند	IS. MAIDEN NAME ZI CALL CAR	What test confirmed diagnosis? Was there an autopsy? Zee		
important	15. MAIDEN NAME Wasie Van Lear 16. BIRTHPLACE (city or town) Williamsfort (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
por	State or country)	Where did injury occur?		
	17 INFORMAT E CATHERING Policy	(Specify city or town county and State)		
very	17. INFORMANT Quality Quality (Address) (4 a agratory 2)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
A S	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
si N	Place N. M. Carts Laffe Date 1714, 1934	Nature of Injury		
TION	19. UNDERTAKER Coulouter Flores	24. Was disease or Injury in any way releted to occupation of deceased? 240		
I	(Address) A a gerofy was 24 a	If so, specify		

Registrar.

(Signed).

und.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the tet "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of poset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10566
1. PLACE OF DEATH / ,	
County Washing low	Registration Dist. No. 302
Village or City 100 g Evotoww	No. 8/0 W. Wash St. / Ward
Length of residence in city or town where death occurred. Oyrs omos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Still form (Louner
(a) Residence: No. 810 as h	St., / Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (majite the word)	21. DATE OF DEATH / 0 /6 1933 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Us +16"193"	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade nunfession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature referration
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	PP
10. Date deceased last worked at 11. Total time (years)	5/ laceula
this occupation (month and Korse spent in this force	
12. BIRTHPLACE (city or town) Hage evertous	Other Contributory Causes of importance:
(State or country)	
13. NAME TWO CONNECT 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
= 10.11.1	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - J. Tufferson Pa	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT J. R. Couver,	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) F/O Well ask. Mr.	
Place Cal Held Date 177, 1934	Nature of injury
19. UNDERTAKER Culletter + Sous	24. Was disease or injury In any way related to occupation of deceased?
(Addiess) plagerouse lug	(Signed) Howay Rhailes M. D.
20. FILED 7 1, 19 27 19 Registrar.	(Address) 121 1818 1818 h . Atte
76 H	AT COLL C. P. P. P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il	Example II	cause of death and related causes Date of onset were as follows:			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
8(1)875-47						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPA	ACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back

should be stated EXACTLY PERMANENT RECORD MARGIN RESERVED FOR BINDING that it may ACE V TH UNFADING INK--THIS IS Every item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms at statement of OCCUPATION is very important. See instru WRITE PLAINLY Every item of I

	PLACE OF DEATH	
	County Washington	
	MITMIN GORFARAJA LIMILO CE	
Vil	llage or City / Lugelslown (No. 2FULL NAME Peggy L	70/ The
	PERSONAL AND STATISTICAL PARTI	CULARS
3 5	SEX 4 COLOR OR RACE SINGLE, MARRIED; WIDOWED; OR DIVORC	ED /
6 1	DATE OF BIRTH Select 75	
	lack 10	: 1934
	(Month) (Day)	(Yest)
7 /	AGE	Ilf LESS than
	yrs	ds. or min.?
CP Th	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 E	BIRTHPLACE (State or country) Jugerslow	- mce
	10 NAME OF FATHER FREE Schleis	
STZ	11 BIRTHPLACE OF FATHER (State or country) Washington A	
PARE	12 MAIDEN NAME of MOTHER INC. May Co	0
	13 BIRTHPLACE OF MOTHER (State or Country) / Leyers here	in hig
4	THE ABOVE IS TRUE TO THE SEST OF MY KNOW	WLEDGE
	(Informant) Oline Corl	ect
	(Address) I have en wer	74

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospitel or institu-tion, give its NAME in-stead of etreet and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month), (Day), (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Sef- 25- 1924. 10 COM-10, 1984.
that I lest saw he alive on Set 27, 1984
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Premahi bult
+;
in ability to late force
(Duration) yre, mos de.
Contributory Secondary
(Signed) Te Qe Gralon M. D. Car 10 1984 (Address) Hylerbour he
Car 10 1984 (Address) / Hylestour In
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
At place of deathyrsds. In the Stateyrsds.
Where was disease contrected, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVATE DATE OF BURIAL
Tragerstown MA (let, 10, 1913)
20 IN DERTAKER APPORESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Corcinoma, Sarcona, etc., of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	——————————————————————————————————————
county Washington	Registration Dist. No. 30 Z
Village or City Ha all ystown -	No. 129 Hexauder st., 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Mayy C. Cosec	
(a) Residence: No. 129 A lex and ex (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. ALLIHEREBY CERTIFIC That attended deceased from
Day el	1927 to C 29 1992
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw allve on 1997 death is said
1 2 2 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. A OU Se W. Le	The second
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
- I shell the specific the specific trips of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Va a south	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1 1 4 4 8 4 5 7 5 6 6 7 . (State or country)	Deally many 19714
E 13. NAME Ferdinand Fox-	
13. NAME - exdinged Fox- 14. BIRTHPLACE (city or town) Dexxy Uille (State or country)	Name of operation
(Grate of country)	What test confirmed diagnosis () What test confirmed diagnosis () What test confirmed diagnosis
15. MAIDEN NAME SON NIE NIE NAME SON NIE NIE NIE NIE NIE NIE NIE NIE NIE NI	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of Injury19
00	Where did injury occur?(Specify city or town, county and State)
(Address) A G Q C Y S TO U.S. W. C.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place TO Q & YSTOWN, WDate 1 10 Y 1 , 1934	Nature of injury
19. UNDERTAKER A GOLD TO CARD THE CARD	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 10/30/ 1934 Miles Historian Registrar.	(Signed)
If more blanks are needed, address State Revistras	N. Charles Street B. Land B. L. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II The principal cause of death and related causes Date of onset				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

N. B.-WRITI

19. UNDERTAKER (Address)

state	STATE OF MARYLAND
inf st SUF	1. PLACE OF DEATH
ould OCCT	county VVasnington
should of OCCI	Village or City Tunks town -
70	Length of residence in city or town where death occurredyrs
RD. Every YSICIANS statement	2. FULL NAME Anna heah CY.
RECORD. PHYSI Exact stat	(a) Residence: No. (Usual place of abode)
E PH	PERSONAL AND STATISTICAL PARTICULARS
N	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)
T L lied.	5a. If married, widowed, or divorced HUSBAND of
RMANEN X A C T I classified.	(or) WIFE of
	6. DATE OF BIRTH (month, day, and year) Tuly 18-1893
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,h
S II	8 Trade profession or particular
THIS de be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
ma	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and
H 23 0	time seembers durch for a sheart ill time
AGE that ions	year) Semi-1930 occupetion DV
So so seti	12. BIRTHPLACE (city or town) TT LLQ & Y STOWN (State or country)
UNFAI supplied. n terms, ee instru	# 13. NAME Samt Ecyeager
I U sul in to	13. NAME Sant Ecyeagev 14. BIRTHPLACE (city or town) 12 a q exsteur
	# 15. MAIDEN NAME Frna A Wachtel-
care rH i	15. MAIDEN NAME France A Wachtel- 16. BIRTHPLACE (city or town) 3 to act winding (State or country)
	17. INFORMANT Same E Creager
	(Address) Hagerstown Wed
	Place Cogers to un ludite Oct 17, 13
-WRIT mation CAUSE TION i	19. UNDERTAKER A. IS, COXXMON
H	(Address)

ī	
	Registration Dist. No. 30 2
	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
20	ds. How long in U.S. if of foreign birth?yrsmosds.
_(a gev.
<	St. Munky Ward. Baltimore my
	If nonresident give city or town and State
1	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
i	21. DATE OF DEATH Oct 15 , 193 4 (Year)
-	(Month) (Day) (Year)
3	22. I HEREBY CERTIFY, That I attended deceased from
1	oct 11 1934, to oct 15 1934
Ų.	liast saw h. en alive on oct 15 1934 death is said
	to have occurred on the date stated above, at 12 19 A.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
ij	Hodgkins Disease 1983
-	
4	Other Contributory Causes of importance:
	Dogaemia
ł	
-	Name of operation Date of
-	What test confirmed diagnosis? Was there an autopsy?
-	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
-	Accident, suicide, or homicide? Date of Injury, 19
-	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

	Manner of injury
	Nature of injury
	24. Was disease or Injury in any way related to occupation of deceased?
-	If an anecify
1	(Signed) A. S. Parterfield M.D.
-	
	(Address) -/ 36 WW ashington St.
1 4	4411 IV. CHARCO SITECT, DAITIMOTE, Keonesting "(), N. No. 7

CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II The principal cause of death and related causes Date of onset				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
N. J.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	4	po-	200	4 .
7	8.3	5	1	1.1
h	V	17		13

1. PLACE OF DEA	TH			82-0	2 -		
County	shingto	on		Registration Dist. No. 3	02		
E VIII I ME GENTLE	Hagerst	9 41		No. 117 Magnolia Avenue St 5 Ward			
			(If	death occurred in a hospital or institution, give its NAME instead of street and n			
Length of residence in c	ity or town where	death occurrad	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.		
2. FULL NAME	Williar	n Thomas	Curley				
(a) Residence: No.	117 Mas	rnolia A	venue	St. 5 Ward.			
		(Usual place		If nonresident give city or town and	State		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			(write the word)	21. DATE OF DEATH October 9, 193 4. (Month) (Day) (Year)			
5a. If married, widowed, or dive HUSBAND of	orced				4		
(or) WIFE of	Margare	t Curley		22. I HEREBY CERTIFY, That I attended AUGUST 6 1934 to OCTOBER 9			
A DATE OF BUREY	, , , , , , , , , , , , , , , , , , ,	uly 22,	1851	I last saw h & alive on OCTOBER 7 1934			
6. DATE OF BIRTH (month, da 7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 9:30A m.	, 00011113 3010		
83	2	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8. Trade, profession, or p	articular	1	ormin.	were as follows:	Date of onset		
kind of work done. SAWYER, BOOKKE	as SPINNER,	Retired	41/4/8/00/20				
9. Industry or business in	n which			CEREBRAL APOPLEXY	AUG.L		
		lacksmit	h	/9:			
O 10. Date dacaased last wo this occupation (mo	rked at onth and	11. Total ti	me (years) It in this				
year)			pation	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town)	Merce	rsburg					
(State or country)	Pa			GENERALIZED ARTERIOSCLERO- 2			
13. NAME Samue	l Curle	У					
14. BIRTHPLACE (city or to	own) Merce	ersburg		Name of operation	7		
(State of Country)	Pa			What test confirmed diagnosis? Was there an a	utopsy? No		
15. MAIDEN NAME	Unknow	n		23. If death was due to external causes (VIOLENCE) fill in also tha following			
15. MAIDEN NAME 16. BIRTHPLACE (city or to	own) Unkı	nown		Accident, suicide, or homicide? Date of injury	, 19		
(State or country)		a .		Where did Injury occur?			
17. INFORMANT Mrs. W. T. Hammond				(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.		
(Address) Hage	rstown.			-			
18. BURIAL, CREMATION, OR REMOVAL Place Mercersburg, Pa. Date Oct. 11, 19.34				Manner of injury			
PlaceMercers	nurg, R	d. Date OC. L.	19.34	Nature of injury			
19. UNDERTAKER Fre	d W. Kr	eiss.		24. Was disease or injury in any way ralated to occupation of deceased	No		
	erstown			If so, specify	1		
10-10-	.346	okasto.	Sacres 16	(Signed) Tabell	M. D.		
20. FILED.	19	7/2	Registrar	(Address) HAGERSTOWN M	0.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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1. PLACE OF DEATH		
County Klashing	low	Registration Dist. No.
Village or City Lo asket	own md	NoSt.,
Length of residence in city_or town whar		If death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. If of foreign birth?
2. FULL NAME Charle	. Quelanna	Torrest
	a commo	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Male Dhite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mus / Vettle	i Doumal	22. I HEREBY CERTIFY. That Lattended dece
6. DATE OF BIRTH (month, day, and year)		I last saw have alive on Oct 16 a. 193 C. de
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at / - 37 m.
67 8	7 I day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	21	Carculatina of Da
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which	4 avour	Tomach 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		(
10. Date deceased last worked at this occupation (month and	II. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	lowe	- Importance.
(Stata or country)	Ama	
13. NAME Mathia	Doumel	
14. BIRTHPLACE (city or town) (State or country)	reglown	Name of operation Date of
(State of country)	ser la sac	What test confirmed diagnosis? Was there an autop
I	- Four	23. If death was due to external causes (YIOL ENCE) fill In also tha following:
16. BIRTHPLACE (city or town) (State or country)	L. b. md	Accident, suicide, or homicide? Data of injury Where did injury occur?
IT INFORMANT NOTTED	Hound	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Cavelor	m md	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	In Ation	Mannar of injury
Systellist of Ca	pate (at / F, 193	Nature of injury
19. UNDERTAKER LAND. BA	Hoover	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Amethor	my sough	If so, specify
20. FILED QQ 1, 19J	fdor terms	(Signed)
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year ·	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	L SPACE FO	RFURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

CTATE	0	MADVE	ANID	CEDTI	CICATE	- 05	DEATI
STATE	OF	MARYL	AND-	CERII	FICATE	UF	DEATE

1. PLACE OF DEATH	(210-000)
County Washington.	Registration Dist. No. 305
Village or City Benevola, Md.	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?yrsmosds.
	mos
2. FULL NAME Joseph B. Dorsey.	
(a) Residence: No. 2108 Homewood Ave , Ba	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	
OR DIVORCED (write the word)	
Male White.	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of ingle	
6. DATE OF BIRTH (month, dey, end yeer) Sept 23-1888	1 lest saw h alive on 19 deeth is said
7. AGE Years Months Oays If LESS then	to heve occurred on the date stated ebove, at 5 50 P.M.
4/ 3 1 day,h	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trede, profession, or perticuler	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Of the state of th
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	thur is authorized in
SAW MILL, BANK, etc	Much .
	Francis & Bull
year) occupation	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) Ballo	
(Stete or country)	
13. NAME Junes Dorsey	
14. BIRTHPLACE (city or town) Basts	Neme of operation Oate of
(State or country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Hatherine Burns	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Patherine Burns 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of injury 2425, 19.34_
(State or country) Sreland.	Where did injury occur would a Males Out & Cours tous
17. INFORMANT I homas Dorsey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2103 Nomewood and Ball	Suplie Midhward
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Louding 1 1 Pc. Dete Oct 29, 19.3	- Neture of Injury Paul Creshed and sight Moulde brok
10 HNOEDTAKED Fred W. Kraiss.	24. Wes disease or Injury In any wey related to occupation of deceased?
19. UNOERTAKER Fred W. Aralys. (Address) Hagerstown, Md.	If so, specify
812 Pant 10	(Signed) Phan Augh front M. D.
20. FILED 20., 1934 Uslia Registrar.	(Address) / transfer for

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The season of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 105.4
County Washington	Registration Dist. No. 302
Village or City Secursity (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Syfact Eyer (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OF RAVE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aurite they word)	21. DATE OF DEATH /0 - 22 - 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY. That t attended deceased from Oct. 22 , 1934 to Oct. 22 , 1934 last saw h im alive on Oct. 22 , 1934 death is sail
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 2 hrs. or	to have occurred on the date stated above, at 4:00 A.m. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent In this percentaging (month and spent In this percent In th	Premature 5 months gestation.
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Level Syley 14. BIRTHPLACE (city or town) Coolstone (State or country)	Name of operation Date of What here an autopsy?
15. MAIDEN NAME TELOUSERS CONTROL 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT TELUS PEggery Steel	Accident, suicide, or homicide? Date of injury
18. BURIAL, CREMONAL MADAL Date 10-23,1934	Manner of Injury
19. UNDERTAKER Pauce Regler (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	(Signed) (Address) Haghratawa Md

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

P11		

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10575
T 5 1	00 0 0	97)
30	County Trashing too	Registration Dist. No. 3.5.
sho of (Village or City / Valu Lena (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS int	Length of residence in city or town where daath occurred	
CORD. Every PHYSICIANS ct statement	2. FULL NAME Ella & lorence 7	aulder
SIGNATURE STATE	(a) Residence: No. Mit: Lerra	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FAL	OR DIVORCED (write the word)	04 30 1934
T L ied.	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
ACT L ACT L assified.	HUSBAND of Parriel Fauldes	22. I HEREBY CERTIFY. That I attanded deceased from
SX TO	70 2 101.5	16 30 1934 to OC 30 1936
PE I E	6. DATE OF BIRTH (month, day, and year) 100, 23, 1865 7. AGE Yaars Months Days If LESS than	I last saw h
IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca
70	8 Trade profession or particular	were es follows: Data of one of
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
VK-T should it may n back	9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	
Sho sho on b	10. Date deceased last worked et 11. Total time (years)	arterio-selevoses. Duration, one year.
	this occupation (month and spent in this occupation occupation	Cwg P.
So so action	12. BIRTHPLACE (city or town) Breathedetale	Olhar Contributary Canoes of Importanca:
	(State or country) wash. C. Md.	
UNFA supplied n terms, ee instru	13. NAME / Cheet albert 14. BIRTHPLACE (city or town) Breathedealle	
S E O	14. BIRTHPLACE (city or town) - Breathedewill	Name of operation Date of
Effe.	(State of country) Co. Ma.	What tast confirmed diagnosis? Was there an autopsy?
2 G	16. BIRTHPLACE (city or town) Breathedaulle	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
AINLY, Id be car DEATH y import	O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
	Man Clude B. I.	(Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	17. INFORMANT PARA CHICAGO MAN B. (Addrass)	The state of the s
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation states	Place Javes Creek Date 100 1. 1934	Natura of injury.
-WRIT mation CAUSH TION	19. UNDERTAKER DU)! Wast day	24. Was disaase or Injury in any way related to occupation of daceasad?
B.	(Addrass) Boursbre Ind.	If so, spacify
z (T)	20. FILED NOV. 1- 1924 () Mario Dash	(Signed) M. D.
	Registrar. If more blanks are needed address State Registrar.	(Addrass) Jacobso Mars of
	-, transport and transpo	2411 11. Chanes Street, Dattimore, Requesting U. S. IVO. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

- tumero Mrd

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county Vilashington	Registration Dist. No. 38
Village or City 12 a elstown	No. 631 Guilkord Arest 2 Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME St. 11 Bom Child.	1-Frish, T. Fieru Jr.
	2
(a) Residence: No. 5 5 5 Wil X or de (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Single (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. HEREBY SERTIFULTHAL attended deceased from
6. DATE OF BIRTH (month, day, and year) Q Ct 2 4-1932	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1030 P.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	14.00 0 /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Ruffun
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) + Q Q & Y S + OWY.	Other Centributery Causes of Importance:
(State or country)	
# 13. NAME TYIS but. FIRYV JY-	
13. NAME TY'S BY T. FIRY JY- 14. BIRTHPLACE (city or town) FRITY UI FULL.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Grace M. Eynst 16. BIRTHPLACE (city or town) Clears pring	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Clacy Spring	Accident, suicide, or homicide? Date of Injury, 19
(State or country) md!	Where did Injury occur?
17. INFORMANT - Y is by I -ieyy SY	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) A agerstom her	
Place St. Vauls. Md. Date Oct 25 1034	Manner of Injury
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any lay related to occupation of deceased?
10/5 (1-24) June 1995.	If so, specify
20, FILED 1907 1907 1907 Registrar,	(Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 yéar
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	ITE
	2
Ħ	A
No	B.
vi	ż
	F

Village or City Lagrange County Village Or City Lagrange County C	Registration Dist. No. 302		
	4/7 (1) (1) c. / 75		
	No. 2 Valenta of institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred 1 - 1 - yrs mo			
2. FULL NAME ELAM Fitz			
(a) Residence: No.	Ward.		
(Usual place of abote) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
male White OR DIVORCED (write the word)	Oct 15 193 L		
Sa. If married, widowed, or divorced	(Month) (Day) (Yea		
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased		
6. DATE OF BIRTH (month, day, and year) 2 - 1874	l last saw h 444 alive on 10/15 193 4 death is		
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at		
5-9 10 13. 1 day,hrs. ormin.	were as follows:		
Tends profession or particular	Chromic Ludo Carditis 300		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	arterto - Ocherosco.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
U 10. Date deceased last worked at 11 Total time (years)			
this occupation (month and year) year) 1. Total time (years) spant in this year) 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Other Contributory Canses of importance;		
12. BIRTHPLACE (city or town) Way nes boro	other Conditionery Causes of Importance:		
(State or country)			
13. NAME Jacob A City			
14. BIRTHPLACE (city or town) Cuunes boo	Name of operation Date of		
	What test confirmed diagnosis?		
South Fr Stance	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
have Elem E'h	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT TO TE SE COMMENT TO THE SECOND	Specify whether injury occurred in TROUSTRY, III HOME, OF IN PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PO	Manner of injury		
Place Waynes how Date 09 193	Nature of Injury		
19. UNDERTAKER A - 15, Carman	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Hag get tour we	If so, specify		
20. FILED 0/16/ 1934 What However	(Signed) The Dhille		
Registrar.	(Address) Has 21. Stone Md		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 103.8
County Washinstow	Registration Dist. No. 3 0 2
Village or City 2 MITHIN GURPONATOLIMITE	No. 1-0 3 6. (U.C. 1981, 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Frances & J	auf
(a) Residence: No. 10 3 C. (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oclober 20 193 4
a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Luy J. Jants	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) fact 18" 1991	I last saw h_ ex_alive on Och 20 ,193 4; death is sa
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.30 Pm.
43 9 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	andina Pelon
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occuration (month and	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
26	Other Contributory Causes of importance:
(State or country)	chrome myorade
13. NAME 6 has hushing h	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marsant Toels	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME MAY AND TOOLS 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Jacy J. Danty (Address) / O/ E-Wash J	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Magentloum Date 123, 19 29	L=
9. UNDERTAKER Could the House	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO/0-23-1934 & Haiff Barrect	(Signed) A Jauffer M.
Registrar.	(Address) 4 4 5 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	il.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County a string for	Registration Dist. No. 30 2
Village or City Hag instour	No. Washa Co. Koshist. 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred. Q. Lyrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William 6.	Trum
(a) Residence: No. 5 4 5. (Quantum (Usual place of abode)	USS. 3 Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH. 6
So I married widowed or diseased	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WLFF of	22. A al HEREBY CERTIFY That i attended deceased from
Muse Inusu	1 March 20, 1937 to UC 6 , 1934
6. DATE OF BIRTH (month, day, and year) May 4 187	I last saw h. A.M. alive on UCL S, 1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 17 a.m.
63 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Frade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2 Willia Pallisia
SAW MILL, BANK, etc	
this occupation (month and year) spent in this occupation	
2 '11.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	that a mitter offertale
i al al al al	95000- 0000 C 0 0 0000
14. BIRTHPLACE (city or town) Brownsville	
[14. BirTHPLACE (city or town) Drowns (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Tobithe lengther	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town). Loudou Co. (State or country)	Accident, suicide, or homicide?
7// 1// 5 9	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MYS W. C. Druine	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 4 S. Barrioa are	
Place Hodg Ers theera Date 10/8 1934	Manner of Injury
6 1-1- 41	Nature of Injury
19. UNDERTAKER - CUCSULLY VIOLES	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagnery mad.	If so, specify
20, FILED/0-0, 10 4 6 Ross Joures	(Signed) M. D.
Registrar.	(Address)
if more vianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(31)
item of should of OCC	Village or City Hage VSTown-	No. 30 Fando fik and death occurred in a horpital or institution, give its NAME instead
	Langth of residence in city or town where death occurred	
Every CIANS ement	2. FULL NAME David of Mager	
RD.	(a) Residence: No. 30 Randolpha (Usual place of abode)	St., 4 Ward. If nonresident give city
PH PH ract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D
LY. Ex	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
RMANEN X A C T I	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Panama	22. Sept 29 1934 to Oct
man e	6. DATE OF BIRTH (month, day, and year) www 10-1845-	I last saw has alive on Oct 12
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., SAWYER, BOOKKEEPER, etc.	Grema-
INK-T should t it may on back	work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic interstitial acfabrits duration - several geors Cu
= m + 0	this occupation (month and spant in this occupation 2 475.	
DII.	12. BIRTHPLACE (city or town) 3 hady Grove (State or country)	Other Contributory Causes of importance:
UNFA ipplied terms,	# 13. NAME E/; Hager	
H U sul	13. NAME E Hager 14. BIRTHPLACE (city or town) (State or country)	Name of operation
carefully I'H in pla	15. MAIDEN NAME Susan Murphy	23. If death was due to external causes (VIOLENCE) fill in also t
INLY, W) be carefu EATH in pi important.	16. BirthPLACE (city or town)	Accident, suicide, or homicide? Oate of In
A da	State or country) LYelaud	Where did injury occur?
E PLAII should b OF DE.	17. INFORMANT L. Hagers (Address) Hagers town	(Specify city or town, cou Spacify whether Injury occurred in INOUSTRY, in HOME, or In
Sh Sh	18. BURIAL CREMATION, OR REMOVAL	Manner of injury LOUS
WRITE lation station station station station station is	Place TO Q 27570 UM. Date OCT 16 ,1954	Nature of Injury
I BOH	19. UNDERTAKER II. Corrección de la Corr	24. Was disease or injury in any way related to occupation of de
(T)	20. FILED 10-15-1934 6 Mark towers	(Signed) 121 W Wash 8

(3)
Registration Dist. No. 302
No. 30 Handolph and St. 4 Ward
eath occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrsmosds.
St. 14 Ward
St., 4 Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Year)
(Month) (Day) (Yeat)
22. HEREBY CERTIFY, That I attended deceased from
Sept 29- 1934, to Oct 13- 1934.
I last saw heart alive on Och 12, 1934; death is said
to have occurred on the date stated above, at 10 300
The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
Oata of onset
Uremia - 10-11-34
Chronic interstition repositions
A cation of the state of the st
duration - several geore Centy B.
Ohle Condition Control
Other Contributory Causes of importance: Cold _ about Sept 29, 34-
212
Name of constitute TAI October
Name of operation 2000 Date of 2
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?Oate of Injury19
Where did injury occur? (Specify city or town, county and State)
Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
Manner of injury
Nature of Injury
24. Was disease or injury in any way related to occupation of decosed? The
If so, specify I tereeleger the tree Is.
(Signed) 12 1 W Wash Sh. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHI	ER STATEMENTS BY PHYSICIAL
-----------------------------	----------------------------

1. PLACE OF DEATH County (Va plus for Registration Dist, No. 320	0581
County Was less tow Registration Dist. No. 3e	1 -
	Lea
Village or City 7604 EN COUNTY No. 26 S. Croslet St.	
(If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or form where death occurred	
2. FULL NAME Caroline Heudevson	
TOTAL NAME OF THE PROPERTY OF	
(a) Residence: No. 120 0 a 30 Mile St., Ward. (Usual place of shode) If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEN 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	100 4
wall will warred (Month) (Day)	(Year)
5a. If married, widowed, or divorced WISEAND (or) WIFE of Layuout La Theuserson 22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) 2/577. / 1885. 3aw h alive on 19	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm.	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
8. Trade profession or particular	Dete of onsat
8. Trade, profession, or particular kind of work dona, as SPINNER, Received SAWYER, BOOKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this securation (month end spent in this	-
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation occupation	-
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	
I 13. NAME John Ewell	
E //	-
14. BIRT IFFLACE (city or town)	
What tast commind diagnosis: Has there an	
O 16. BIRTHPLACE (city or town). C(State or country) Accident, suicide, or nomicide?	, 10
(Specify city or town, county and Sta 17. INFORMANT Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 12.6 f. Nooplet - W. 18. BURIAL, CREMATION, OR REMOVAL W. Manner of injury.	
Place 7. State Data	
19. UNDERTAKER Level to Cocupation of deceased?	
(Address) A containing full " If so, specify \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
20. FILED 10-23-12346 Hart Boures (Signed) Aufund 5th Jurin	uy
Registrar. (Address) Acting Control of the Month of the M	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
KIMPIAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	THIS IS A PERMANENT	I be stated EXACTL	y be properly classified.	k of certificate.
MARGIN RESERV	UNFADING INK-T	supplied. AGE should	n terms, so that it may	ee instructions on back
	-WRITE PLAINLY, WILL UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.

N. B.-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County Washington	Registration Dist. No. 302
Village or City 76 a gard town	No. 1029 Coucord St. 2 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Theling La Roma	ds. How long In U. S. If of foreign birth?yrsmosds.
112	rocesury.
(a) Residence: No. / 0 1 9 (O oucord (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH OCA
penale while marked	(Monlh) (Day) (Year)
5e. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Leo Holloway fr.	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 24° 1914	liast saw h elive on 19 death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date staled above, at
20 3 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Koccacacache SAWYER, BDDKKEEPER, etc	Date of onset
9. Industry or business in which	Augusta Augusta
work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date daceased last worked at 11. Total time (years)	Jumprany Jan 193
this occupation (month end spant in this ?	turismores
year) occupation	Othar Contributory Causes of importance;
12. BIRTHPLACE (city or town) 76 agwstown (State or country)	
and the second	Whena
E 3410	
(Stale or country)	Name of operation Dale of
15. MAIDEN NAME Martha Rossos	Whet test confirmed diegnosis? New Y
16. BIRTHPLACE (city or town) Mercer Shery	Accident, suicida, or homicida? Data of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT & Therenew Turner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salos av.	
18. BURIAL, CREMATION, DR REMOVAL Place The Property Date 199, 1997	Manner of Injury
0 1 -4 , 1	Nature of injury
19. UNDERTAKER CALLALITY HOUSE	24. Was disease or injury In any way related to occupation of deceased? 740
10-8- 201 641165	If so, spacify W.co.
20. FILED 19-19-19-19-19-19-19-19-19-19-19-19-19-1	(Address) Hawrum Wa.
76	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	234WIII pico
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

9	4 .	pur	1	0 1)
1	IJ	J	1	U)

	1. PLACE OF DEATH	87-8
	County Washington Village or City Hagerstown Length of residence in city or town where death occurred yrs.	Registration Dist. No. No. Washington County Hospst.tal 9 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
,	2. FULL NAME Paul W. House (a) Residence: No. 851 Guilford Aver	aue St., Z Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDO OR DIVORCED (write the Single)	WED. 21. DATE OF DEATH
	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF RIRTH (month dev end year) August 7, 1934	22. I HEREBY CERTIFY, Thet I attended deceesed from
certificate	7. AGE Years Months Days If LES: 0 2 0 1 day, or	S then to have occurred on the dete stated above, et 2:50 Am. The PRINCIPAL CAUSE OF DEATH end releted causes of importence
back of	8. Trede, profession, or perticular kind of work done, es SPINNER, Infant Chile SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Pate deceased last worked et this occupation (month and year) occupetion.	Cerebrul Merre = 3,34
instructions on	12. BIRTHPLACE (city or town) Hagerstown (State or country) Md. ### 13. NAME Jacob F. House	form of sacephalitia, undeterminal.
See 1	14. BIRTHPLACE (city or town) Shenandoah (State or country) Va.	Name of operation Dete of What test confirmed diagnosis? how for the West here an eutopsy? No
very important.	15. MAIDEN NAME Ethel Snyder 16. BIRTHPLACE (city or town) Shenandoah (State or country) Va. 17. INFORMANT Jacob F. House (Address) Hagerstown, Md.	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
IS	18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Oct. 8.	Menner of injury
TION	19. UNDERTAKER Fred W. Kraiss (Address) Hagerston Md	24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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)	n of	plno	1000	
	iteı	sh	of	1
	RD. Every	YSICIANS	statement	
)	r RECO	Y. PH	Exact	
חודתווו	RMANEN	XACTL	classified.	
T OTA	IS A PE	stated E	properly	certificate.
3	HIS	be	pe	Jo
DISTRICT TO A CONTROL VIOLENCE	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
TIPATTA	(UNFADI	supplied.	n terms, so	see instruct
	7, WITH	arefully	I in plai	rtant. S
	PLAINLY	hould be c	OF DEATH	very impo
	-WRITE	mation s	CAUSE	TION is

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH	100	-	(154)	
	Washington	; X-64-65		Registration Dist. No. 302	
Village or C	ity Wash. Co	Hospit	al Hage	erstown Md st 3 Ward	
			(1	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of resi			yrsmos	s.10ds. How long In U.S. If of foreign birth?yrsmosds.	
2. FULL NA	ME Thelma H	COMETT			
(a) Residen	ce: No. Near-Da	т. ДЭ1		St. Ward.	
	Neg I Da	(Usual place	e of abode)	If nonresident give city or town and State	
	IAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
female	4. COLOR OR RACE white		RRIED, WIDOWED,	21. DATE OF DEATH Oct, 4,1934 193	
5a. If married, widow HUSBAND of	ed, or divorced			(Month) (Day) (Year)	
(or) WIFE of				1 HEREBY CERTIFY. That I attended deceased from	
			1000	Murch 13, 1934, to Oct. 4, 1934	
	,,,	pril 6,	-	l lest saw h 3 alive on 22, 1934; death is said	
7. AGE Yea	rs Months	Days 28	If LESS than I day,hrs.	to have occurred on the dete stated above, at (2 \Q	
12	12 5		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profes	8. Trade, profession, or particular kind of work done, as SPINNER,			Chrace Ocho myelitia 2019	
SAWYER,	BOOKKEEPER, etc	no	ne	I left free mulyle ?	
kind of v SAWYER, 9. Industry or work was SAW MIL 10. Date decease	business in which s done, as SILK MILL, L, BANK, etc			Hoseist von body -	
SAW MIL	L, BANK, etced lest worked at	11 Total	time (years)		
O this occupyaar)	pation (month and	Spe	ent In this		
				Other Contributory Causes of importence:	
12. BIRTHPLACE (cit (State or cour	ty or town) Near D	Jand		meningel spy 1924	
	Luther Howe			non specific Projecce	
I	Trimoni			A Tolange of	
14. BIRTHPLACE	(city or town)	14 ± G ₁		Name of operation of great Allowed Date articles	
	Phocho	Huff		What test confirmed diagnosis? of the was there an autopsy?	
15. MAIDEN NA	me.			23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NA	(city or town) W . Va			Accident, sulcide, or homicide? Date of injury, 19	
1 (State of				Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT LU	ther Howell			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)		ct Md R.	F.D.		
18. BURIAL_CREMAT				Menner of injury	
Plece K-e-e	dysville Mo	IDateOct,	7, 19.34	Neture of injury	
19. UNDERTAKER	Albert Leaf		3	24. Was disease or Injury in any way related to occupation of deceased? Lw	
(Addiess)	Williamspo	ort Mc		If so, specify	
20, FILED (0)	61.34	HOSH.	Bosevers	(Signed) Lat Dresentonk M.D.	
ZU. FILLU	1 100	J	Registrar	(Address) Hazerstown, Lud	

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICA	ATF	OF	DEATH

1	11	Do-	Ty. Dar
1	U	U	10

	DIMIL	I MINIT	LAND	CERTIFICATE OF DEATH	
:	1. PLACE OF DEATH			(i)	
	County Washington			Registration Dist. No. 3	250
	Village or City Hagerstown	n Md	()E	ND. Wash Co Hospital St., death occurred in a hospital or institution, give its NAME instead of street and	3 Ward
	Length of residence In city or town where de	eath occurred			
	2. FULL NAME Ruth Edna	Hudson			
	(a) Residence: No. 39 Pape	Mill (Usual place of		St., 4 Ward. If nonresident give city or town an	nd State
	PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE White	5. SINGLE, MARRIOR DIVORCED	(write the word)	21. DATE OF DEATH Cotober 27	, 193 4
5a	. If married, widowed, or divorced HUSBAND of				
	(or) WIFE of Charles H Hu	idson		Sept: 17 1934 to Oct 27	
•	DATE OF BIRTH (month, day, and year) S€	pt 3.18	00	Hast saw her alive on Oct. 27 1934	
_	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 7 '45 A.m.	, touth 13 July
	35 1	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	nousewif	ofmin.	Typhid Fever	Date of onset
OCCUPATION	9. Industry or business In which	KANBENTI	5	Part to NTabled Man	13/24/24
	work was done, as SILK MILL, SAW MILL, BANK, etc	XXXX		1 apraise of sychia Unite	10/26/34
ö	10. Date deceased last worked at this occupation (month and 9.34 year)	11. Total tim spent occup	e (years) in this ation LO.yrs	Peritoritio	10/26/34
12	BIRTHPLACE (city or town) Edenvil (State or country)	le Penn	a	Other Contributory Causes of importance:	
ER	13. NAME George Diffend	erfer		nocalhan	
FATHER	14. BIRTHPLACE (city or town) Ederivi (State or country)	lle Pen	na	Name of operation aparotomy of permittion What test confirmed diagnosis Ald Call A Was there an	autopsy? No
ER	15. MAIDEN NAME No record			23. If death was due to external causes (VIOL ENCE) fill In also the following	
MOTHER	16. BIRTHPLACE (city or town)	no reco	rd	Accident, suicide, or homicide? Date of injury Where did injury occur?	-
17	INFORMANT Chas H Hudson (Address) Hagerstown.			(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18	BURIAL, CREMATION, OR REMOVAL	W.C.	Be 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Manner of injury	
	Place Hagerstown, Md	Date Oct	29,,19.34		
			1	24. Was disease or injury in any way related to occupation of deceased?	hor
19	UNDERTAKER A K Coffman (Address) Hagerstown	Hda		If so, specify	
-	10/29/32/10	Wastl.	32000	(Signed) S. B. Lyon	M. D.
20	, FILED	000110	Registrar	(Address) Hases than h	1 -

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 13 A 15 0 - 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	BY	PHYSICIAN
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0	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1	l. 1 2. 1
DING	ACTLY, PHY assified. Exact s	5a.	If I H
OR BIN	S A PERN tated E X roperly cli	6. 7.	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	OCCUPATION	10
IN R	DING. AG so thuction	12.	BII
MARG	TH UNFA	MOTHER FATHER	13 14 15 16 INI
	LY, W); carefu (TH in)	MOTHER	16
î	LAIN uld be 'DEA	17.	INI
	RITE P tion shor USE OF	18.	BU
V. S. No. 1	B.—W mat CA TIC	19.	UN
>	Z	20.	rit

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington Village on City Clean Ofring Harris	
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
Mart O. V.	in the state of th
Z. I OLL MAINE	
(a) Residence: No. Near Clear Mung Mills (Usual place of abode)	A. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH Ocl 18th
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased 477676
6. DATE OF BIRTH (month, day, end year) Oct 18th (934	never , to , to , To
	l heet saw h. elive am., teach is seid to have occurred on the date stated above, at 1 2 m.
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of oneet
SAWYER, BOOKKEEPER, etc.	Hillborn
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total tima (years) this occupation (month end spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	-
(State or country)	
13. NAME AT A ESSELVING 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diegnosis? Was thera an au'opsy?
15. MAIDEN NAME Ethel L bright 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT ANT Slasselring (Addrass Care Chring Md.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa St Paul Genelly Data Oct 19, 1934	- Nature of injury
19. UNDERTAKER Adrian At Rowland (Address) Huserstown md	24. Was discase or injury in any way related to occupation of deceased?
20, FILED St (8, 19 34) W. Muncu The Registrar.	(Signed) Clear Huring M.D.
(f plore blanks are needed, address Sate Regisfrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Village or City Langth of residence in gity or town where death occurred Langth of residence in gity or town where death occurred (a) Residence: No. (b) It does no county in the county of the cou	County Registration Dist. No. Village or City Charles Drug Mark No. Length of residence In city or town where death occurred yes. mos. ds. How long In U. S. if of foreign birth? yes. mo 2. FULL NAME Phony L. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write word) For DIVORCED (write word) The Mark Phony Color of Worked (or) Wife of the Wife of the Word) St., Ward. 21. DATE OF DEATH 18. (Month) 19. 4. to 19
Village or City Survey Complete the Name interest of street and aumber Langth of residence in pity or town where death occurred	Village or City Shared bound Mode of City Shared St., (If death occurred in a horpital or institution, give its NAME instead of street and n Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth?
Langth of residence in ply or town here death occurred	Length of residence In city or town where death occurred
Langth of residence in oily or town here death occurred. 2. FULL NAME	Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. if of foreign birth? yrs. was ds. How long in U.S. if of foreign birth? yrs. was ds. How long in U.S. if of foreign birth? yrs. was ds. How long in U.S. if of foreign birth?
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-		2
MARGIN RESERVED FOR BINDING	INLY, WITH UNFADING INK-THIS IS A PERMANENT I	be carefully supplied. AGE should be stated EXACTLY.	TATE in along the three it were by manual and it
FOR	IS A	stated	a ou out
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MAKGIN	UNFADI	supplied.	torme of
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	INLY,	be car	EATH

	County	1.0	Washing	gton		Registration Dist. No. 3	01
	Village 😅	ity	Willian	nsport	Md	No. 2,7 to Potamence st	Wa
	Length of resi	dence in ci	ity or town wher	e death occurrad.	life (If death occurred in a hospital or institution, give its NAME instead of street sds. How long In U.S. if of foralgn birth?yrs	and number)
2	. FULL NAI	ME	Samuel	O. Lem			
	(a) Residen			ıme		St., Ward.	
	PERSON	AI AN	ID STATIS		RTICULARS	If nonresident give city or town	
3. 5	SEX		R OR RACE		MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	Н
n	nale	w]	hite	OR DIVO	RCED (write the word)	(CF 25-	, 193
_	If marriad, widow HUSBAND of			100 (0.1	1100	(Month) (Day)	(Year)
	(or) WiFE of		Mary S	Stickel	1	22. OCT 10 1934 10 OCT 2	ided decaased fr
6. 1	DATE OF BIRTH (month, day	v. end year)	lov,14.	1870		シング death is s
	AGE Yaa		Months	Days	If LESS than	to have occurred on the data stated above, at 9 - Pm.	r , dadii is s
	63		11	13	1 dey,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance	Data of one
PATION	work was	done, as S	SILK MILL.	Retire R.R.	d Machinis	Mund	
OCCUPATION	work was SAW MIL 10. Date decease this occup year)	done, as S L, BANK, a d last wor ation (mo	setk MILL, atc	H. H.	WORK tal time (years) spent in this life occupation	Other Contributory Canaca of importance:	
Ō	work was SAW MIL 10. Date decease this occup	done, as S L, BANK, a d last wor ation (mor	setk MILL, atc	H. H.	WORK tal time (years) spent in this life occupation		
12.	work was SAW MIL 10. Date decease this occupyear) BIRTHPLACE (cit (Stata or coun	done, as S L, BANK, a d last wor action (more yor town).	SILK MILL, atc. rked at 192 Berkel	ey Co	WORK tal time (years) spent in this life occupation		
Ō	Work was SAW MIL 10. Date decease this occup year) BIRTHPLACE (cit (Stata or coun 13. NAME	done, as S L, BANK, a d last wor ation (more y or town). try) Nich	Berkel	ey Co	WORK tal time (years) spent in this life occupation	Other Contributory Canses of importance: Hypert British Name of operation Date of	
FATHER 0	Work was SAW MIL 10. Date decease this occup year)	done, as S L, BANK, a d last wor action (more y or town). try) Nich (city or to country)	Berkel colas L wwn)	ey Co	WORK tal time (years) spent in this life occupation	Other Contributory Canses of importance: Other Contributory Canses of i	an autopsy?
OTHER FATHER	Mork was SAW MIL. 10. Date decease this occup year) BIRTHPLACE (cit (Stata or coun 13. NAME 14. BIRTHPLACE (Stete or	done, as S. I., BANK, a done, as S. I., BANK, a done, as S. I., BANK, a done, as work atton (more try) are town). Try) Nich (city or to country) ME J (city or to toy)	Berkel nolas L wwn) W. Jennie	ey Co 1	WORK tal time (years) spent in this life occupation	Name of operation	an autopsy?
MOTHER FATHER	Work was SAW MIL 10. Date decease this occup year) BIRTHPLACE (cit (Stata or coun 13. NAME 14. BIRTHPLACE (Stete or 15. MAIDEN NAM 16. BIRTHPLACE	done, as S. I., BANK, a done, as S. I., BANK, a done, as S. I., BANK, a control of the control of the country) or town). The country of the c	Berkel Berkel Molas L Wwn) Wennie Wennie Warv	ey Co 1 emen Va Shoop	work tal time (years) if e spent in this life occupation N. Va	Other Contributory Canses of importance: Office of the contributory Canses of importance: Offi	an autopsy? owing:
MOTHER FATHER	BIRTHPLACE (State or INFORMANT	done, as S. I., BANK, a done, as I., BA	Berkel Berkel Bolas L Wennie Ohi Mary Temovat	ey Co 1 emen Va Shoop Sticke	work tal time (years) if e spent in this life occupation N. Va	Name of operation Date of What test confirmed diagnosis? Was thara 23. If daeth was dua to axternal causes (VIOL ENCE) fill in also the follo Accidant, suicide, or homicida? Data of injury. Where did injury occur?	an autopsy? pwing:, 19
MOTHER FATHER 17.	BIRTHPLACE (State or INFORMANT	work of the country) Nich (city or to country) Mrs Will On, Or R Liam Albe	Berkel Berkel Bolas L Wennie Ohi Mary Temovat	ey Co 1 emen Va Shoop Sticke Tt Mo	work tal time (years) if e spent in this life occupation N. Va	Other Contributory Canaca of importance: Name of operation What test confirmed diagnosis? Was thara 23. If daeth was dua to axternal causes (VIOL ENCE) fill In also the follo Accidant, suicide, or homicida? Where did injury occur? Specify city or town, county and Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC Manner of injury	an autopsy? wing:, 19 State) > PLACE.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The state of	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

should state of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH	199
County Warring Ton Village or City Warran Thomps burg A	Registration Dist. No. 3.0.0 Alno. St., death occurred in a horpitalor institution, give its NAME instead of street and numb As. How long in U.S. if of foralgn birth?	
2. FULL NAME TO SUAL LEWYS (a) Residence: No (Usual place of ebode)	St., Ward. If nonresident give city or town and Stat	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 0 3 (Day) 19	g 4 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attanded dece	eased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Oays If LESS than I day,hrs.	I last saw h w alive on figure alive on the data stated above, at the figure of importance of import	eath is said
8: Irade, profession, or particular kind of work done, as SPINNER archard SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spant in this year) year) occupation	£ -41	ate of onset
12. BIRTHPLACE (city or town Markalys willer Ma (State or quntry) Thathe Class	Other Contributory Causes of importance:	
13. NAME 13. NAME 14. BIRTHPLACE (city or town 14. State or country) 14. BIRTHPLACE (city or town 14. B	Name of operation Oate of What test confirmed diagnosis? Was there an autop	psy?
15. MAIDEN NAME ACTION 16. BIRTHPLACE (city or way Many Many Common Many Comm	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Whera did injury occur?	., 19
17. INFORMANT ALL CREMATION, OF REMOVED.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
Place M (- 37 Date 0 2 3 1 , 19 3 4	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? A	
19. UNOERTAKER (Address) Personal Ville 700	(If so, specify (Signed) (Signed)	7. M. O
my remarkable and a continue of the continue o		Mer.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

1. PLACE OF D	EATH			97)			
County	Washingt	on	~ ~~	Registration Dist, No. 20	3		
Village or Gity Langth of residence	Shanktown	7	Clf	death occurred in a horpital or institution, give its NAME instead of street and number ds. How long In U.S. If of foreign birth?yrsmos	Ward er) ds.		
2. FULL NAME. (a) Residence: N	Shank	Susan Li town Dis	st.) (Cle	ast, Nowara. W.d. Big Seal PO. 7. If no president give city or town and State	ud.		
PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
Female 4.0	White	5. SINGLE, MARI OR DIVORCEI Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH October 19, 193 4 (Month) (Day) (Year)			
5a. If married, widowad, or HUSBANO of (or) WIFE of	divorced			22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (mont	h day and yaar)	Feby. 2	1862	19 10 19 19 19 19 19 34 19 19 34 19 19 19 19 19 19 19 1	oth is said		
7. AGE Years 72	Months 8	0ays 12	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a 10:30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te ol onset		
9. Industry or busin	a, as SILK MILL, INK, etc	Home Wo		Other Coutributery Causes of Importance:			
13. NAME Abr	am Life						
13. NAME Abr 14. BIRTHPLACE (city (State or coun	or town)	nown Va•		Name of operation Oate of What test confirmed diagnosis? Was there an autops	sy?		
15. MAIOEN NAME 16. BIRTHPLACE (city (State or coun	or town) Lacy	icewande Springs		23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17. INFORMANT Mrs. Albert W. Deavers, (Address) (Shanktown, Md) Rig Pool Md. 18. BURIAL, CREMATION, OR REMOVAL Place Lacy Springs, Value Oct. 22, 19 34				(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Mannar of Injury			
19. UNOERTAKERA		Rowland	Registrar.	Nature of injury. 24. Was disease or injury in any way ralated to occupation of dacaased? If so, specify (Signed) (Address) (Address) (Address)	€_М. С		

fmore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	9	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TIÓN is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH	101
1. PLACE OF DEATH	(3)	/
County Walling Lon	Registration Dist. No. 3/	6
Village or City Karolys willen me	♣ ND. St.,	Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number of the street and number of th	ber)
9. 9.		
AT TOLL MAINE.	St Ward.	
(a) Residence: No	If nonresident give city or town and Stat	le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 18	8.44
5a. If married, widowed, or divorced	(Month) (Dey)	(Year)
(or) WIFE of alvin H Live	1 HEREBY CERTIFY, Thet I ettended deci	esed from
6. DATE OF BIRTH (month, day, and year) nov 28 = 1861	I last saw h. W. alive on Och 1934, d	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
72 10 20 1day,hrs	the Rinches CAOSE OF DEATH and related causes of importance	ate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER	P3	-1-::74
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	Variew; serile. Not general o	1 / 4/3
work was done, as SILK MILL, SAW MILL, BANK, etc	farolysis of the insone ough	
10. Date deceased last worked at this occupation (month and year) spant in this occupetion		
Transportly ma	Other Cantributory Causes of importance:	3/14/54
(State or equity)	Caltie He lease	2/11/21
13. NAME Celhamon Echan		7-17-64
14. BIRTHPLACE (city or town) Taradysville In	Name of operation	
(State or country) Worsh Co	What test confirmed diagnosis? Was there en eulo	psy?
15. MAIDEN NAME Softia The Color of the Colo	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	., 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFDRMANT (Address) Transport will ma	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place Representation Date 1.0: -1.3, 1934	Nature of injury	
19. UNDERTAKER & & Summer & Co	24. Was disease or injury In eny wey related to occupetion of deceesed?	10
(Address) Kanys ville ma	If so, specify	
20, FILED PC 22, 134 1 The Tee true	(Signed) Paragraphy M.	M. D.
Registrar	1, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·
County Washington	Registration Dist. No. 300
Village or City Starystury	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
et Myn a	The rough to to rotation butter
2. FULL NAME	d me
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Veer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; deeth is seld
7. AGE Years Months Days / If LESS than 1 day,hrs.	mare as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rhomal puseulation Data of one of
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased jest worked et this occupation (month and	Stand for
10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Shapeshury (State or country)	Other Contributory Causes of importance:
13. NAME John of fine 18 14. BIRTHPLACE (city or town) Washington Buth	
14. BIRTHPLACE (city or town)	Nama of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Wash	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT John Chinesphury	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Maria Crust Data 0 = 6 , 19 3 4	Manner of injury
19. UNDERTAKER C & Summent Co (Address) K HARW SOUTH F. Made	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CO., 184 Bell Sogres	(Signed) Market Share (Address) Multiplication of the state of the sta
The state of the s	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I		Example II	TAX YE
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TERUI PERIOR	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BULL OF THE	1921	Run over by street car	1 week ago
Cercbral hemorrhage	Bulges IV V. 3	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH should state infor-OCCUPA 1. PLACE OF DEATH 210 0 of (If death occurred in a hospital or in PHYSICIANS Every Length of residence In city or town where deeth occurred. statement How long In U.S 2. FULL NAME PERMANENT RECORD. (a) Residence: No. Ward. Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEAT OR DIVORCED (write the word) CTL classified 5a, If married, widowed, or divorced HUSBAND of 22. IHERE (or) WIFE of V EX certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Months stated If LESS than to have occurred on the date s 1 day, ____ hrs. The PRINCIPAL CAUSE OF D or____min. were es follows: 8 Trade, profession, or particular OCCUPATION INK-THIS be kind of work done, es SPINNER. JO. SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which may plnoys work wes done, es SILK MILL, SAW MILL, BANK, etc. on 10. Date deceased last worked et 11. Total time (years) spent in this that See instructions occupation _ UNFADING Other Contributory Canses of S 12. BIRTHPLACE (city or town) (State or country) supplied. DEATH in plain terms, FATHER 14. BIRTHPLACE (city or town) Name of operation_____ (Stete or country) mation should be carefully What test confirmed diagnosis MOTHER very important. 15. MAIDEN NAME 23. If death was due to external Accident, suicide, or homicide: 16. BIRTHPLACE (city or towa) (Stete or country) Where did injury occur? Specify whether injury occurre OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury CAUSE TION Nature of injury. 24. Was disease or injury in er 19. UNDERTAKER (Address) If so, specify (Address) Boursboro Registrar.

OI DEATH
3
Registration Dist. No. 305
St., Ward
id address to be at the street and number)
if of foreign birth?ds.
If nonresident give city or town and State
CERTIFICATE OF DEATH
•
(0/12) 4
(Month) (Dev) (Year)
(month) (leat)
BY CERTIFY, That I attended deceased from
, 19, to, 19
tated above, at 5 P: m. ; death Is said
tated above, at 5 7 m
EATH and related causes of importance
Date of onest
Date of onset
1. C. DOL - 10. T. T. D
accident: internal
ushed, under on over
Fractured skully and
ot. Gugg
mportance:
Date of
Was there as automor?
Wes there an autopsy?
causes (VIOLENCE) fill in also the following:
accident. Date of Injury
home love to di + a + a 1
(Specify city or town, county and State)
(Specify city or town, county and State) d in INDUSTRY, in HOME, or in PUBLIC PLACE.
public Hase
0
www.alabed.totimed.do
y wey related to occupation of deceased?
y wey related to occupation of deceased?

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	Example II	i	Example I
l causes Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5,1927	Cerebral hemorrhage
	Other contributory causes of importance:		Other contributory causes of importance:
1 year	Gastroenteritis	May 1,1923	Gallstones
	Gastroenteritis	May 1,1923	Gallstones

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE

S. No. 1

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Example I	11-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L. OUR AN V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

Exact statement of OCCUPA-

10.	1.	pu.	11	Due
1	0	U	J	U

STATE OF MARTEAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County (Statuments)	Registration Dist. No. 3005
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0 . + 70 7	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trufaul Maria	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. 1f married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
a de la companya de l	00 3 ,1934, to 00, 5 ,1934
6. DATE OF BIRTH (month, dey, and yeer)	I lest saw htm elive on oct 5 1937; deeth is said
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, etm.
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	24.061
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Silliborn
10. Date deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Bounding (State or country)	Other Contributary Causes of importence:
13. NAME Olan M. Marty.	
< 14. BIRTHPLACE (sity or town)	Name of operation
(Stete of Country) Wash. C. Md.	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Many the Prince	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Dete of Injury, 19
(State or country) Charles Co. Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Oct. 1934	Menner of injury
19. UNDERTAKER (M) Back Your (Address)	24. Wes disease or Injury in eny way related to occupetion of deceased? 200
20, FILE Oct S., 1934 Collis D. Baal Registrar.	(Signed) W. W. Levay M. D. (Address) Boone od.
8,70	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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cipal cause of death and related causes tance were as follows: epilepsy by street car Date of onset 1 week ago
by street car 1 week ago
3 days ago
ntributory causes of importance: eritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

	infor-	state
0	tem of	plnods
	Every i	CIANS
	ECORD.	PHYSI
JARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A F	stated
ERVED	NK-THIS	should be
N RES	ING II	AGE
IARGI	UNFAI	supplied.
•	WITH ,	arefully
1	AINLY	ld be ca
2)	TE PI	noys u
V. S. No. 1	B.—WRI	matio
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V. S. No. 1

		OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE O			-	186-0)
County	Vas	hington		Registration Dist. No. 203
Village or (City_Pectanvill	e	/36	ND. Big Pool P. F. D. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	idence in city or town where	death occurred5	Oyrs,mos	death occurred in a norphal or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	MERhuan			
	nce: No. Pecto			St., Ward.
		(Usual place		If nonresident give city or town and State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
Female	4. COLOR OR RACE White	S. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, D (write the word) N	21. DATE OF DEATH October 21 (Month) (Day) (Year)
5a. If married, widov HUSBAND of (or) WIFE of	Jeremiah			22. I HEREBY CERTIFY, That I attanded deceased from 11-8
7. AGE Yes		Jay 5 185 Days	If LESS than I day,hrs.	I last saw h.er. alive on Oct. 21, 1934, 19; death is said to have occurred on the data stated above, at 1:20 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of SAWYER 9. Industry or	ssion, or particular work dona, as SPINNER, , BDDKKEEPER, atc	lome Work-		Myocarditis Date of onset
1D. Date deceas this occu	ad last worked at pation (month and	11. Total ti sper oczu	me (years) nt in this upation	She stepped in ralling stones and fell General Della Gener
1	ty or town) Wahhing	ton-Count	у	Detar Contributory Causes of Importance: Fracture of left hip: Les to a fall. Duration: three months:
13. NAME 01	tho Mills			
13. NAME Of	(city or town) Washi	ngton Cou	nty	Name of operation
15. MAIDEN NA	ME Mary Bowma	n		23. If death was due to external causas (VIOLENCE) fill in #Iso the following:
15. MAIDEN NA 16. BIRTHPLACE (Stata of	(city or town)Washi	ngton Cou	nty	Accident, suicide, or homicide? Accident. Date of injury
(Address)	Clarence Maso Big Pool R	n F D		(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	rion, or removal k-Head-Gemete		.23,19.34	Manner of injury - Beerdental falls Natura of Injury - Fracture of Ripes left.
19. UNDERTAKER(Address)	Adrian H. Row			24. Was disaase or injury in my way related to occupation of deceased?

If where blanks are needed, address State Registrar, 2411 N. Charler Street, Baltimore, Requesting U. S. Not so

Registrar

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

3. : 5a.

7.

OCCUPATION

12.

MOTHER | FATHER |

17. 18.

19.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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p (, 20,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
. PLACE OF DEATH	(86-0)
County Washington	Registration Dist. No. 302
Village or City May Cheers ville	No. Cayetown O: He - St., Ward
6.76	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds.
FULL NAME Bay bara E. Wil	ler
(a) Residence: No. Cavetown Pike.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of John C.	I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw have alive on O 7 193 4; death is said
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3 30 m.
85 \ 2\.\ 1day,hrs.\ ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, HOUSEW: J.e. SAWYER, BOOKKEEPER, etc.	Corelinal Certains dans
9. Industry or business in which work was done, as SILK MILL.	Aroslus of famor 1793
X SAW MILL, BANK, etc	unyan The Stof 3 due to accir for 720
10. Data deceased last worked at this occipation (menth and year) spent in this occupation (menth and year)	dental fall civing 1924
BIRTHPLACE (city or town) Waynes bara	Other Contributory Causes of importance:
(Stata or country) Pa.	accidentally slipped on my and fell
13. NAME Emmanuel Miller	1
14. BIRTHPLACE (city or town) Way nes bora	Name of operation Deta of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NO Record	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide Accidents. Date of injury 4th. 20, 1934.
(State or country)	Whera did injury occurilles Chewarelle, that shirington Con md. (Specify city or town, county and State)
INFORMANT TORY + IT. Millor.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, GREMATION, DR REMOVAL	In her home,
Place on a Meadaw Ind Date Oct 9, 1934.	Nature of injury Transture of Services
AV Oals	24. Was disease or injury in any way related to occupation of deceased?
UNDERTAKER AND	If so, specify
10-8 - 34 6 Kost (Sanosa)	(Signed) If If The M. D.
Registrar.	(Address) Jan Masteray

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
· ·	Mug1,1325	Outer vertice to	1 year

V. S. No. 1

	-CERTIFICATE OF DEATH 10508
1. PLACE OF DEATH	(19)
County Washing tou	Registration Dist. No. 3 62
Village or City 20 a 9 Ers town	ND. W. Co. Heaspital St., 3 Ward
Length of residence in city or town where death occurredyrsn	(If death occurred in a hospital or institution, give its NAME instead of street and number) nos. How long in U.S. if of foraign birth?
2. FULL NAME Marvins CULY	- 1- t 11 mill
	Record of the second
(a) Residence: No. 3 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White suigh	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Jepx 3 130 to Oct 12 134
6. DATE OF BIRTH (month, day, and year) Seft 3, 1939	I last saw h m alive on Oct 16 19 34, death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
- / / l day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A to see
SAWYER, BODKKEEPER, etc.	A startual on alson
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Cog en Court	<i>y</i>
(State or country)	
13. NAME Wandstaff 14. BIRTHPLACE (city or town) Magarotown	
14. BIRTHPLACE (city or town) Magentland (State or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy?
28.04	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Careful (State or country)	Accidant, suicida, or homicide? Data of injury, 19 Where did injury occur?
17. INFORMANT Marvin Grandelas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	7-
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Se Constante Date /18, 193.	Nature of injury
19. UNDERTAKER TOUSSULEN LOW	24. Was diseasa or injury in any way related to occupation of dacaasad?
(Address) Hagenstopen, Teld	If so, specify
20. FILED 10-18-, 19.34 lo Kasffild secto	(Signed) Mulipy Maduan M. D.
Registrar. If more blanks are needed, address State Resistr.	ar. 2411 N. Charles Street. Baltimore. Requesting T. S. No. A. Tang S. Dan. Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE

state

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OCCUPA-

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH	1050
1. PLACE OF DEATH	20
County Washington Registration Dist. No. Village or City Maugans ville No.	00
Length of residence in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yrs	et and number
2. FULL NAME Mamie Priscilla Mowen-	

Count Village Ward Length ___ds. 2. FULL (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marrio (Month) (Oay) (Yeer) 5e. If merried, widowed, or divorced HUSBAND of 22. That attended deceesed from (or) WIFE of CLYYI 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months If LESS then 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence 2 2 or min. Date of onset 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Oete dacaesad lest worked at 11. Total time (yeers) this occupation (month and year) spent in this 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Neme of operation. (State or country) Whet test confirmed diegnosis? Was thera en autopsy? MOTHER 15. MAIOEN NAME 23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ (Stete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE (Address) REMOVAL Menner of Injury TION is Neture of injury. 19. UNDERTAKER (Address) If so, specify (Address)

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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RUPEAU V a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		IMECELAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيسيا		

ADDITIONAL SPACE FOR	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	ATH				
County	Washir	igton.		Registration Dist. No.	OZ
Village or City	Hagersto	wn.		No. Washington County Home St	5 Ward
		5		death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in			yrs,mos	ds. How long in U.S. if of foreign birth?yrs	iosds.
2. FULL NAME		Palmer.			
(a) Residence: No.	Hag	gerstown (Usual place		St., S Ward. If nonresident give city or town and	J C
PERSONAL A	ND STATIST			MEDICAL CERTIFICATE OF DEATH	u State
	White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or d HUSBAND of (or) WIFE of Wid	ow of E	lmer Pal	mer.	22. I HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month,	day and year)	Sept 14,	1859.		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
75	1	4	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or	particular	Patinad	7 01	Che myocardetis	Date of onset
	e, as SPINNER, EEPER, etc.	ecirea.		Chr. Zehleitis	?
9. Industry or business work was done, a SAW MILL, BAN	in which	ome Wor	k	arthetis Oxformans	2
10. Date deceased last this occupetion (vyear)	vorked at nonth end	spa	ime (years) nt in this upation	0	
12. BIRTHPLACE (city or tow (State or country)	Washir	gton Co	unty.	Other Contributory Causes of importance: Myor oralial failure	10/10/3
# 13. NAME Will	iam Stul	1		0	
14. BIRTHPLACE (city or (State or country		nington	County.	Name of operation Dete of What test confirmed diagnosis? Pers Ex West here an	
15. MAIDEN NAME	Eliza B	ussard	The same of	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	town) Was		County.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT 13	Chas. Randoli	essler.		(Specify city or town, county and SI: Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PI	nte) LACE.
18. BURIAL, CREMATION, DI		Date Oct	20 ,19 34	Menner of injury	
AJ. OHDENIANEN	red W. Kagerstow			24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 10-19-	,10341	must,	Joues Registrar	(Signed) S. H. Benkley (Address) Ha gentown)	md .

V. S. No. 1

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	d Allen	Example II				
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
*UNHAU V. R.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ned acti	17-@ 10:30 a.M.	
A- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor- ould state OCCUPA-	1. PLACE OF DEATH	
of of CC	county Washinglose.	Registration Dist. No. 302
	Village or City Hagerstown.	No. 400 foward St, 2 Ward
11/1 = 0	Length of rasidance in city or town where daath occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS	mrs. (8 - '06. 19.	al tol.
RD. Every FSICIANS statement	(a) Residence No 400 Howard St.	gnee
RECORD, Ever. PHYSICIAN Exact statemen	(a) Residence: No. 4000 About (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r REY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write b) word)	21. DATE OF DEATH ON
. 53.	J. While Married	(Month) (Day) (Yaar)
NDING XMANENT X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. NHEREBY CERTIFY, that I attanded deceased from
0 4 1 8	(or) WIFE of Umos D. Peightel.	0416, 134 Oct. 17 (193
	6. DATE OF BIRTH (month, day, and year) MCh 20 1886	I last saw h alive on OCL 17,30 1934; death is said
R]	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10 - m.
FOR BI	48 6 27 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
- 7E	8. Trada, profession, or particular kind of work dona, as SPINNER, Houselwork SAWYER, BOOKKEPER, etc. Houselwork	Conford forman board lite
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Southwork 9. Industry or businoss in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dato dacaasad last worked at 11. Total tima (years)	000110000000000000000000000000000000000
VK-T should it may	work was dona, as SILK MILL, SAW MILL, BANK, etc.	
SE SP	this occupation (month and spent in this	
RES VG I VGE that		Other Contributory Causes of importance:
F-1 1	12. BIRTHPLACE (city or town)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARGIN JNFADI pplied.	(State or country) / WOOM Q, Q,	Us culor my ferransing.
7 5 5 4		
	(State or country)	Nama of operation
WINY with the plant of the plan	15. MAIDEN NAME Eliza. Sikes?	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
- 1 8 H I	16. BIRTHPLAGE (city or town)	Accidant, sulcida, or homicide? Data ef injury, 19
O KI SE	(State or country) FULLON CO. a.	Whare did Injury occur?
		(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Hagers town Mo.	
	plant Mercers burg now (C) 19 1034	Mannar of Injury
-WRITE mation s CAUSE	The DWATE.	Natura of injury
" I E O F	19. UNDERTAKER (Addrass)	24. Was disease er injury in any way ralated to occupation of deceased?
S. No.	18-10- 12:11 19:41	(Signad) M.D.
» z	20. FILED 7 1927 TOTAL Registrar.	(Address) tagryynn, Nd.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NURBALI V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE	OF	DEATH
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4	10	39	3	6	J

1. PLACE OF DEATH	91-2
county VICSDington.	Registration Dist. No. 800
Village or City Shax ps burg -	No. St Word
Langth of residanca in city or town where death occurredyrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Aldolphus B.	exre.
(a) Residence: No. Fair blair (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
HUSBAND of (or) WIFE of Elisabeth	22. I HEREBY CERTIFY, That I attended deceased from, 19, 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin.	I last saw h alive on, 19; death is said to have occurred on the date stated above, at 3
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SIIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	l hornin myo Carelitis
12. BIRTHPLACE (city or town) FQ Y D A Y (State or country)	Othar Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) 15. Control (State or country)	Name of operation Data of
15. MAIDEN NAME Mary Ann Eakle	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 2013 exs ville (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide?
17. INFORMANT 111 YS ELISABETH CORP. (Address) FOLY 600 . Mod	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mannar of injury
19. UNDERTAKER TO SOLVE TO SOL	24. Was disease or injury In any way related to occupation of deceased? If so, specify County M.D.
Registrar. If more blanks are needed, address State Registrar, 2	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10	1 .	13	0	-1
1	U	6	1	4

I. PLACE OF DEATH	93-6
County Washington	Registration Dist. No. 145
Village or City Haghstown	No. 13. Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Longth of residence In city or town where death occurred skyroum	ads. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME IM The Popul The	one
(a) Residence: No. Belundlessel Co. Ho	TSt. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, PROLYORCED (write the word)	21. DATE OF DEATH Act 9 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anhur	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on Oct 9 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.
about 73 - 1 day, hrs.	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chr. Endocarditis Date of one of 2
SAWYER, BOOKKEEPER, etc.	Chr. myoearditis 2
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	(
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spentin this occupation	
12. BIRTHPLACE (city or town) Huknown (State or country)	Other Coutributory Causes of importance: Try of Cardial Faelure ?
II 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation. Date of
(Stale or country)	What test confirmed diagnosis? Play EV Was there an au'opsy?
표 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT M. W. C. State (Address) Kagustahun	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Roquetown md Date Oct 10 1934	Manner of injury
19. UNDERTAKER Scott 7 Minush Ison (Address) Hagustum Mel	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1910 , 1954 blast Bowless Registrar.	(Signed) D. H. Burkley M. D.
To the things of the second	N. Ol. I. C D. L.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regliesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

M)	f infor-	d state	CUPA.
	/	item o	shoul	of OC
S)	Every	ICIANS	atement
•		RECORD	PHYS.	Exact st
	NDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	FOR BI	IS A PE	stated E	properly
	IARGIN RESERVED FOR BINDING	INK-THIS	E should be	it it may be
	RGIN R	NFADING	plied. AG	rms, so tha
1	IA	WITH UI	efully sup	in plain te
		LAINLY,	uld be car	F DEATH
	.1	-WRITE I	mation sho	CAUSE O

1	. PLACE OF DEATH		<u>(3)</u>	
	County Washington	• • • • • • • • • • • • • • • • • • • •	Registration Dist. No. 303	
	Village or City Clear Spr	ing	No	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and nur ds. How long in U.S. if of foreign birth?yrsmos	
2	FULL NAME Bessie F			
	(a) Residence: No.	(Usual place of abode)	St, Ward. If nonresident give city or town and Ste	ate
500-0000	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	0	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	A
-	Temale White		October 6 , 1 (Month) (Dey)	93_4 (Year)
5a.	If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I etlended dec	reased ferm
	(or) WIFE of	United the second second		
6. 1	DATE OF BIRTH (month, day, and year) Oct.	6. 1934	1 lest saw h C alive on 19	
	AGE Years Months	Days If LESS than	to have occurred on the dete stated ebove, at 6:05P.m.	
	Alettona	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particuler kind of work done, as SPINNER,			
	SAWYER, BOOKKEEPER, etc		STILLBORN	
000	Date deceased lest worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
12.	BIRTHPLACE (city or town) Clear Sp (State or country)	ring, Md.	Other Coutributory Causes of importance:	
ER	13. NAME Roy Shoema	ker		
FATHER	14. BIRTHPLACE (city or town) Md.		Name of operation	
ER	15. MAIDEN NAME Vergy Ella	V. Reed	23. If death was due to external causes (VIOLENCE) fill in also the following:	ppsy!
MOTHER	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	19
×	(Stete or country) Md.		Where did injury occur?	
17.	INFORMANT		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	PlaceDa	te, 19	Nature of Injury	
19.	UNDERTAKER(Address)		24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED, 19	6/27/35 Registrar.	(Signed) Clear Phening	The D.
	If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
134 10 149			

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

properly classified.

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER

(Address)

Hagerstown,

IS A PERMANENT RECORD. Every item of infor-

of OCCUPA-

Exact statement

WITH UNFADING INK-THIS

	1. PLACE OI		OF MAR	YLAND-	CERTIFICATE OF DEATH 10605
	County	Washington Clearapri	ng Me	(1	Registration Dist. No. 33 No. Big Spring Road St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
		we Robert ce: No. Clearsp		ud.	St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Marr	RIED, WIDOWED. O (write the word) ied	21. DATE OF DEATH (Month) (Day) (Year)
5a.	. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced Daisy	Roach		22. I HEREBY CERTIFY, That I attended deceased to the state of the sta
7.	AGE Year 65 8. Trade, profes kind of w SAWYER,	s Months 4 sion, or particular ork done, as SPINNER, BOOKKEPER, etc.	Days 23	If LESS than 1 day,hrs. ormin.	I last saw h Line alive on Sept 8 , 1934; death is said to have occurred on the date stated above, at 7m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Autornobile drawn
OCCUPATION	SAW MILI	ation (month and	11. Total tie spen occu	me (years) t in this pation	Thattend Skull + folf leap Oyolegan middle third between
12.	. BIRTHPLACE (city (State or coun		Spring		Other Toutributory Causes of importance:
ER	13. NAME	Robert S. Rog	(ch		
FATHER		(city or town) Freder		y	Name of operation
2	15 MAIDEN NAM	F Cothonine	Powitand		
MOTHER	15. MAIDEN NAME Catherine Rowkand 16. BIRTHPLACE (city or town) Washington County (State or country) Md.			unty	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? accided Date of injury October 1934 Where did injury occur? / Zucle South felear fring
	(Address)	Mrs. Daisy Ro			Specify whether figury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Out Deg Specify whether figury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATI	rspring, Md	Date Oct	4	Manner of injury His by authorobile

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed).

Nature of injury Dunatu

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUPEAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				(83:00)			
County Washington.					Registration	Dist. No. 30	2 5
Village or City Hagerstown.				No. 130 Willia	ams, Ave	• St. S	Ward
				f death occurred in a horpital or institut	tion, give its NAME	Einstead of street and	number)
Length of resid				sds. How long in U.S. if o	f foreign birth?	yrsm	osds.
2. FULL NA	ME Bla	nch Rob	inson.				
(a) Residen	ce: No. 130 W	illiams		St., S Ward.			
		(Usual place				give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 0R-D4VORGED (write the word)			21. DATE OF DEATH	Oct	28	4	
Female Colored. OR PHYORIED (write the word)			(Month)	(Day)	(Year)		
5a. If married, widowed, or divorced HUSBAND of							
(or) WIFE of					19.3 % to A	Y. That I attanded	deceased from
		7	900	liast saw har alive on	7 2 2	7 30	death is said
7. AGE Yea	month, day, and year) rs Months	Days	If LESS than	to have occurred on the date state	d above 2:3		F, death is said
	rs Months	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	u above, at		
34		<u> </u>	ormin.	wera as follows:	n and related cause	es of importance	Oate of onset
8. Trada, profes	ssion, or particular work done, as SPINNER, S BOOKKEEPER, etc	ervant.		120			100
	BOOKKEEPER, etc business in which			- Turuci	juic	0	21
Work was	done, as SILK MILL, H.L., BANK, etc.	buse wo	rk.	Premary Cause	: Cesebral	hemorrhage.	16
10. Data decease	ed last worked at	11. Total	time (years) ent in this	•	- Cul	R	734
4 (1113 0000)	pation (month and	spe	ent in this upation	~======================================			-
				Other Contributory Causes of impo	ortance:		
12. BIRTHPLACE (city or town) Va •				19,8	0		-
				prom	my		- 11
I IS. WAINE	01111110111				2 =		wego
	(city or town)	Unknowr /a.	1	Name of operation		Date of	
(State of	Imlenous	/ CL •		What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAI				23. If death was due to external cau	ises (VIOLENCE) fil	l in also tha following	g:
6 16. BIRTHPLACE	(city or town) Unkr			Accident, suicide, or homicide?		Date of injury	, 19
∑ (Stata or country) Va.				Where did injury occur?	(Specify eity as	town, county and Sia	
17. INFORMANT George Dean				Specify whether injury occurred in			
(Address) Hagerstown, Md.							
18. BURIAL, CREMATION, OR REMOVAL				Manner of Injury			
Place Hagerstown, Md Date Oct. 30 ,1934				Nature of injury			
19. UNDERTAKER Fred W. Kraiss;			24. Was diseasa or injury in any w	ay ralatad to occup	ation of decaased?	200	
(Address) Hagerstown.				/If so, specify	12	1.0	
20 FUED 10/30/ 1034/Mass Harceles 8/				(Signed)	12.00	uso	ee M.D.
20. FILED Registrar.				(Address) 2	45-11	gana	lean

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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RUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

=	11
S. No.	4
>	Z

	STATE OF MARYLAND—CERTIFICATE OF DEATH					
	1. PLACE OF DEATH	93-0				
	county Chashington	Registration Dist. No. 3.05				
11	Village or City By agree Creek	No. St., Ward				
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)				
	Length of residence in city or town where death occurred 30 yrs, mos.	ds. How long in U.S. if of foreign birth?mosds.				
	2. FULL NAME I wy I way	molde.				
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
	OR DIVORCED (write the word)	October 1 193 4				
	5a. If married, widowed, or divorced	(Month) (Day) (Year)				
	HUSBAND of (or) WIFE of ()	22. I HEREBY CERTIFY, That I attended deceased from				
	namel F. Veynolas.	Dept 26 ,1934, to OCO 1 ,1934				
te.	6. DATE OF BIRTH (month, day, and year) Janil 27. 1864	I last law hele alive on Dept 29 , 1934; death is said				
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at T. U.c. m.				
erti	10 1 3 1 H ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.					
	9. Industry or business in which	drance Misocarditio				
bac	work was done, as SILK MILL, SAW MILL, BANK, etc.	anous my chew				
on back	10. Date deceased last worked at this occupation (month and spent in this,					
	year) 94 1-1934 occupation 45410.	Other Contributory Causes of Importance:				
See instructions	12. BIRTHPLACE (city or town) Chalfswill	A Committee Committee of Importance.				
ruc	(State or country) Fred, Co, Md.	Apoplexy.				
inst	13. NAME Seter Drace 14. BIRTHPLACE (city or town). Color of Courtle					
ee	14. BIRTHPLACE (city or town) Collande	Name of operation Date of				
S	(State of Country) Tree. Co. Ma.	What test confirmed diagnosis? Was there an aulopsy?				
nt.	15. MAIDEN NAME Mary Smith 16. BIRTHPLACE (city or town) Wolfswill	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
important.		Accident, suicide, or homicide? Date of injury, 19				
mpc	(State or country) Fred. Co. md.	Where did injury occur?				
y ii	17. INFORMANT Daniel J. Reynolds	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
very	(Address) withsburg Md. R. J. 18. BURIAL, CREMATION, OR REMOVAL					
S.	Place Bethel Church Date Oct. 4. 1034	Manner of injury				
TION	PAMUS PO INC	Nature of injury				
Ĭ	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?				
-	(nulless) Soons tare ma	If so, specify 4 Wellan				
1	20. FILED JUL 1934 () Illam () Resistrar	(Signed) M. D. (Address) Booneboro.				
-		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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STATE OF MARTLAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	91-2
county /as muglar	Registration Dist. No.
Village or City four Hauceco	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds How long in U. S. if of foreign birth?
2. FULL NAME ///argazes	Tells.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR NACE 5. SINGLE, MARRIED, WIDOWED, OP DEVORCED (write the world)	21. DATE OF DEATH 2 / 193 2
5a. If married, widowed, profitorced	(Month) (Day) (Yoar)
HUSBAND of John Mils	22. JI HEREBY CERTIFY, That I attended deceased from 1934 to Och 2/ 1934
6. DATE OF BIRTH (month, day, and year) wy 27 1858	I las saw her alive on James, 1934; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or roin.	to have occurred on the date stated above, a
8 Trade fragacion or particular	Were as follows: Oate ol onset
8. Trade, profession, or particular kind of work done, as SPINNER arm. Source, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLUL Farming and SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this count	Myocardetes may 193
9. Industry or business in which work was done, as SILK MINGLE Farming SAW MILL, BANK, etc.	Endocardites
SAW MILL, BANK, etc. 11. Total time (years) Audi	\(\)
this occupation (month and year) : 4 spent in this occupation / 1934	
Wash En The	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or pountry)	
13. NAME The Graffins.	
I D	Name ef operation
14. BIRTHPHACE (city or town)	What test confirmed diagnosis?
I 15. MAIOEN NAME MAYS LOQUE COOLER	23. It death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Mrishaua Gaster 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mildred Cliss (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place loggers fleight of 24 1939	Nature of injury
19. UNDERTAKER I Suit Court Court of	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Flancocs 6 Ms	If so, specify
20. FILED 0/23, 1234 Pleuland Registrar.	(Signed) (Address) Manager Manager M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. r.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUREAU V. W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

Exact statement of OCCUPA.

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STATE OF	MARYI AND-	-CERTIFICATE OF DEATH 10610
1. PLACE OF DEATH	MIMICIEMNO	
county Washington		Registration Dist. No. 306
N. III	leabour 10 1	
Village or City/1400 Suns	1 3	No
Length of residance in city or town whara death of	-1/0	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benjaman	. Frankling .	Shaule.
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SE	INGLE, MARRIED, WIDOWED, DR-DIVORCED (qurite tha word)	21. DATE OF DEATH OCT 3/
Sa If married widowed or discount	midour	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	ice Smith	22. A HEREBY CERTIFY That I sttended deceased from
(oi) WIFE 01 - 12 - 1888		Well 24 1934 to Med 31 1034
6. DATE OF BfRTH (month, day, and year)		I last saw harmalive on CCC 1, 193 4, daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 3 0 6 222
5-4 8	20 - I day,nrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
Trade, profession, or particular kind of work dona, as SPINNER Mail SAWYER, BOOKKEEPER, atc.	Comi	ucule refusely
		Milra dusinfluenty
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		
10. Date dacaased last worked at this occupation (month end	11. Total tima (yaars)	
this occupation (month and year)	spent in this occupation	- Other Control of the Control of th
12. BIRTHPLACE (city or town) tear free	ithebrug	Christian arency causes of importance:
(State or country) Krash, fl	so sulf	- replantes /
13. NAME Seo. IV . Shan	ch.	
14. BIRTHPLACE (city or town)	mithebrus	Name of operation. Date of
(State or country) Wash	y only	What tast confirmed diagnaster for the was there an autopsy 20
15. MAIDEN NAME Change	with	23. If daath was due to external causes (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	yville	Accidant, suicide, or homicida?
(State or country)	us mo	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT god Spayer		Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass)	3	tanal Similar
Maculathabury Court Da	to 100 3d 1030	Manner of injury
IN B	1-4	Nature of injury & Augustian and a
19. UNDERTAKER (Addrass)	roous	24. Was disaase or injury in any way related to occupation of decaased?
Man_121 21 Clas	Maga	If so, specify
20, FILED 110 19 19 19 19 19 19 19 19 19 19 19 19 19	The man	(Organod)M, D,

(Addrass)

Registrar.

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ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

	11611
PLACE OF DEATH	STATE OF MARYLAND
and Washing tone	CERTIFICATE OF DEATH
County County	Registration Dist, No. 302
William or City & C. o. o. o. (No. CLX)	N 0 .
Village or City Ha (Quantum (No. 44)	Ward) a hospital or institu-
2FULL NAME Clemature Birth	tlon, give its NAME In- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 6 7 2 , 192 4
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct. 31 1834	192, 192,
(Month) (Day) (Year)	that I last saw halive en, 192,
FAGE Y Mos. Mos	and that doath occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrede.
9 BIRTHPLACE (State or country)	Centributory Secondery (Durstion) Tosds.
10 NAME OF Robert Myers	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Heler Shoemaker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
pt dather	Former or usual residence
(Informant) (Address) Hareston Wol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 10 - 24-192346 Kass H Boer	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement to report specifically the occupations of persons en-Foreman, etc., or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizate fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 to 1	STATE OR MARYLAND	CERTIFICATE OF DEATH
sta JP.	1. PLACE OF DEATH D / Comments	10010
of i	County Lilghun autor M.	Registration Dist. No. 3//
E OO	Village or City 1 10 10 10 000 000 000	No. St., Ward
st of	59 10 (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurred yers	L.Z.ds. How long in U.S. if of foreign birth?yrsmosds.
ND. Every YSICIANS statement	2. FULL NAME OLUS Smith	
. # 2	(a) Residence: No.	St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
ECC PF xact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RAGE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EX.	male thite named	(Month) (Day) (Year)
MANER A C T assified	5a. If merried, widow of a dvorced HUSBAND of	22 HEREBY CERTIFY, That I attended deceased from
IAI A C issi	(or) WIFE of Nauva Linux	904. 15 1034 to Box 28 1034
SN2	Track 21-195	Si last saw h Lonnelive on Oct 28 1934: death is seid
PE E Ily sate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days / If LESS than	to have occurred on the date stated above, atm.
IS A PE stated E properly certificate	70 11 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS sta pro	8. Trade profession or perticular	were as follows: The resolution of the first Data of onset to the first to the fir
HIS be of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Caused by plebein and 17/34
ould may back	9. Industry or business in which	Inlind 0 1119
VK—T should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc	
日田士。	O this occupation (month and spant in this occupation (countries)	- - (-)
AGE that	1. Online to made	Other Cantributary Causes of Importance:
Se se icti	12. BIRTHPLACE (city or town) (State or country)	Thomas,
NFADING oplied. AGI erms, so tha instructions		
UNF supplie n term ee inst	E (1,0,1 m,1, 1)	
H U sul	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Y. Roy Wes there an autopsy? 710
WITH UNFA efully supplied in plain terms, ant. See instr		
	E (0.00)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
INLY, be car EATH import	16. BIRTHPLACE (city or town) State or country)	Where did injury occur? - Man Downsull may
EA im	mas have to itt	(Specify city or towo, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA nould JF DJ	17, INFORMANT (Address) (Address)	Hame
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
E E E .	Place Manor Rumpar 10 231, 1934	Neturo of injury
-WRIT mation CAUSI TION	19. UNDERTAKER Chamber & Co	24. Was disease or injury in any way related to occupation of deceased?
LECH	(Addiess) Revioly Svilly ma	If so, specify
e B	100 EURO Oct 29 134 A D / Stand	(Signed) (Signed) Mp.
ZA	20. FILED GOV. J. 9, 1927. A. A. A. A. Registrar.	(Address) Mellaunfacul Mal
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
county Washington	Registration Dist. No. 303
Village or City Dia Spring MA	No. St., Ward
Length of residence in city or town where death occurred \$\sqrt{\sq}}}}}}}}} \sqrt{\sq}}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jacob H. Snyder	
(a) Residence: No. 13 1 Q DII TI Q	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
	Jany 1034 to tale 19
6. DATE OF BIRTH (month, day, and year) 1 1 3 - 1840	Flast saw here alive on Oct 17, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, \alpha Ymev	arterio belevasio (6)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
0. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sig Spring (State or country)	Other Contributory Causes of Importance:
II 13. NAME YENRY Snyder-	
13. NAME TENY DY der -	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME - almie Blewer-	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Famile Blewer- 16. BIRTHPLACE (city or town) Clears pring. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Yed - A Syyder - (Address) Big Spring.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIA CREMATION, OR REMOVAL Place 1.1934	Manner of injury
19. UNDERTAKER OVER AND AND AND AND AND AND AND AND AND AND	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED DTJ 6 , 1934 Cuy Musica Registrar	(Signed)
	Charles Charles Charles Bullion B. 1911 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIAN	V
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AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF					82-00			-		
4	County	Washii Washii Washii	ngton.		14		Registrati	on Dist. No	5	0	2_
	Village or C	Ho momort	own.	(If	No. 902 death occurred in a	Pope	Amm			3 number)	_Ward
	Length of resi	dence in city or town where o	feath occurred								
2	. FULL NA	ME Anna E.	Spangle	er.							
		ce: No. 902 Pope			st., 3	Ward.	If nonresion	dent give city or	town and	1 State	
-	PERSON	AL AND STATIST	ICAL PARTI	CULARS	М	EDICAL	CERTIFICA	TE OF DE	EATH		
3. 5	Female	4. COLOR OR RACE White	S. SINGLE, MAR OR BAVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF	Oct	(Month)	15		_, 193	4
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced Edgar F.	Spangle	r	22.		YCERT	IFY That I	attended	decease	d from
6 1	DATE OF BIRTH	(month, day, end year)	July 1.	1866.	I last saw h_		, 19_3_Kto_	ex 14	19.3		is said
	AGE Yea		Deys 15	If LESS than 1 dey,hrs. ormin.	to have occurred of the PRINCIPAL of were as follows:	on the date st	ated above, at	m,			
Z	8. Trade, profes	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	Home wor			-		9		Date	of onset
kind of work done, as SPINNER, Home Work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific properties) 11. Total time (yeers) specific properties of the second in this				, dib	Cere	tr	1 43	wom	hag	4	\\ \'_
000	10. Date decease this occu	ed last worked at pation (month and	spa	ime (yeers) nt in this upation							
12.	BIRTHPLACE (cit	ty or town) Frynl	klyn Cou	inty.	Other Contributor	y Causes of in	nportance:			00	uX)
20		,,,	enberge				o ella	our		- MA	CARC
13. NAME Daniel Sollenberger. 14. BIRTHPLACE (city or town) Franklyn County. (State or country) Penna.					Name of operation		BP	Wes	Date of		Zee
2	15. MAIDEN NA	ME Amanda	Keller		23. If deeth was du						
MOIHER	16. BIRTHPLACE	(city or town)Francountry)	nklyn Co Penna.	ounty.	Accident, suicide,	or homicide?.				0)
	INFORMANT	Edgar F. Sy	m. Md.		Specify whether le		(Specify cit	y or town, coun n HOME, or In P			
18.	BURIAL, CREMAT	indstone Hi	nklyn (ll _{Date} Oct	County. 17 ,19 34	Manner of injury Nature of injury						
19.	UNDERTAKER (Address)	1	W.Krais	Nd.	24. Was disease or	injury in any	way related to	ccupation of dec	eased?	mo	
20.	FILED 10-	16-,1934-6	hast	Registrar.	(Signed) (Addr	ess) 2 .	layer	une	5		M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Stre	et, Baltimore,	Requesting U. S.	No. z.		Me	et

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\$ (\frac{1}{2} \f			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(93-2)			
County	Washington			Registration Dist. No	305		
Village or C	ity Fahrney 1	Memorial		an-Mar Md	t Ward		
Length of resi			yrsmos	f death occurred in a hospital or institution, give its NAME instead of stree	· - 1 1 1		
2. FULL NA	ME Mary S	teffy					
(a) Residen	ce: No. Wil	lianspa	or abode M.d	St., Ward. If nonresident give city or tow	n and Siale		
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT			
s. sex female	4. COLOR OR RACE white		RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH Oct, 3,1934 (Month) (Day)	, 193(Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Steffy				22. A LI HEREBY CERTIFY, That I atte	ended deceased from		
		ec. 4,18	58		3 火 ; death is said		
7. AGE 75°	9 Months	23	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset		
8. Trede, profes	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	none		d.	Date of onset		
work was	business In which s done, es SILK MILL, L, BANK, etc		_	Chrone Myocarditi	192		
this occur		sper occu	me (years) it in this ipation	Other Contributory Canses of importance:			
12. BIRTHPLACE (cit (State or cour	ntry)		Ma	Other Commitment Canses of Importance.			
13. NAME	John Burde	ette					
13. NAME 14. BIRTHPLACE (State or	(city or town) not- country)	known		Name of operation Date What test confirmed diegnosis? Was ther			
15. MAIDEN NA	ME Not Known			23. If death was due to external causes (VIOLENCE) fill in also the fol			
16. BIRTHPLACE	(city or town)country)			Accident, suicide, or homicide?			
(Address)	Mrs Harry S Washington			(Specify city or lown, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	d Stale) IC PLACE.		
18. BURIAL, CREMAT	iamsport Md		, 5,1934	Manner of injury			
19. UNDERTAKER	Albert Leaf Williamsp		1	24. Was disease or injury in any way related to occupation of decease If so, specify	d? 200.		
20. FILED Oct.	4, 1934 6.	Iliam ?	Bast Registrar	(Signed) V. M. Allan			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones .	May 1,1923	Gastroenteritis	1 year			

Exact statement of OCCUPA.

properly classified.

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TION is very important. See instructions on back of certificate.

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	Ubia
1. PLACE OF DEATH			23	
County Washington			Registration Dist. No. 3	021
Village or City Hagerstow	n 7		No. 680 Pennsylvania Avenus, of death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence In city or town where de			ds. How long in U.S. if of foreign birth?yrs,m	iosds.
		e Steven		
(a) Residence: No. 680 Pe	nnsylvai (Usualplace of		Uest., 5 Ward. If nonresident give city or town and	1 C
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH October 29, (Month) (Dev)	, 193 4 •
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles	H, Stev	enson	22. I HEREBY CERTIFY, Thet I attended	deceased from
6. DATE OF BIRTH (month, dey, and yeer)	une 4,	1878	Flest saw h. 4 alive on Oct. 27, 19.33	; death is said
7. AGE Yeers Months 4	Deys 25	If LESS then 1 day,hrs. ormin.	to have occurred on the dete stated above, at 4 ° 4 OA m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ome Wor		Pulmpay Tuterating Payingcol Tuberculans	Date of onset Day 1. 1933 June 1934
10. Dete deceased last worked at this occupation (month and year)	11. Total timespent	e (years) in this ation	Other Contributory Canses of importance:	-
12. BIRTHPLACE (city or town) Frostbu (State or country) Id.	rg			
13. NAME James Morris				
13. NAME James Morris 14. BIRTHPLACE (city or town) Cresso (Stete or country) Md.	ptown		Name of operation hand Date of Date of Whet test confirmed diegnosis? The What was there an	autopsylly.
15. MAIDEN NAME Armeta Me	rl		23. If deeth was due to external causes (VIOL ENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town) Cresso (State or country) Md.	ptown		Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
17. INFORMANT Charles H. S (Address) Hagerstown,	stevenso Md.	n	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md.	Date Oct.	31,19 34	Menner of Injury	
19. UNDERTAKER Fred W. Kra (Addiess) Hagerstown	iss,		24. Was disease or injury In any way related to occupetion of deceased?	20
20. FILED 10/30/ 1934 Bho	stille	Registrar.	(Signed) M. Honard Jerger (Address) Jogardan Juna	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
county Vashington	Registration Dist. No. 302
Village or City Hagerstown.	No. 1018 Hamilton Blodst 5 Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME LOUIS M. Comas S	trite
(a) Residence: No. \ D18 Hamilton Blv (Usual place of abode)	4 St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH () ct 9. 193 4.
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Mary	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year 11 (1 9 872	I last saw h alive on 10/7 - 193 4 death le said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated ebove, et 5 A · m.
(02 / 2/ 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
S. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased in worked at this occupation works and this occupation works and the second in the se	Carci noma y Bleedder Wall. (?)
9. Industry or business in which	
work was done, as SILK MILL, High School.	
0 10: Date deceased last worked at this occupation (month and 1933 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) & Yexsburg	Other Contributory Canses of importance:
(State or country)	
13. NAME Samual Strite.	
13. NAME Samual Strike. 14. BIRTHPLACE (city or town) beitex burg.	Name of operation Bladder Runvel 7 Can page of the 18
(State of Country)	What test confirmed diagnosis? operation was there an autopsy? W
15. MAIDEN NAME He Hie Ann Shank.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME HE HIE AND Shank. 16. BIRTHPLACE (city or town) SYRENCASTIE	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT YS Mary Strill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tual exstaur whatevall 1934	Nature of injury
19. UNDERTAKER A. C. C. C. V. M. D. C.	24. Was disease or injury in eny way related to occupation of deceased? 74.0
20. FILED 10 70-, 1934 Chest Francis	(Signed) Peter Olivillan M.D.
Registrar.	(Address) Maguston Ma
If more planks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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OCCUPA-

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Sharpsburg

Albert Leaf

Williamsport

Place harpsburg Md Date Oct 22 1934

(Addrass)

(Addrass)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

Md

(Yaar)

death is said

Date of onset

S. No. 1 B CAUSE

NOIL

mation

Registrar.

Manner of injury

Natura of injury

If so, spacify

(Signad)

24. Was disaasa or injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10620
1. PLACE OF DEATH	
county Mashington	Registration Dist. No. 36 2
Village or City YI Q Q CYStown.	No. H. J. J. J. J. J. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME Chas Wark	ins-
(a) Residence: No. 417 W. Artietam	St., Z Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Out he faced) 193 4.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Annie.	1 HEREBY CERTIFY, Thet I attended decesed from
6. DATE OF BIRTH (month, day, and year) Sau 30 1868	1 Jast/saw h elive on Oct (1924; deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
06 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	Date of one et
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	11.04.0-
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWWER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased lest worked et this occurrent in this community of the same in	Chrome Rephale 1933
10. Date deceased lest worked et this occupation (month and year)	
Will auchot	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	1017 (n. 0. 07) 1017
13 NAME ND REGARD	and the state of t
E	Julianay (Jeanna 145, 19)
44. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an europsy?
E TOTAL STATE OF THE STATE OF T	23. If death wes due to externel ceuses (VIOLENCE) fill to elso the following:
O 16. BIRTHPLACE (city or town) 120 0 8 Y STO W N. (Stete-or country)	Accident, suicide, or homicide?Pate of injury, 19
Trails & Matting	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) LCOLOS to acc Lind TH3	open, ment mary occasion in industrial nome, of in possio PEACE.
18. BURIAL, CREMATION, OR REPOVAL Place DNa drawding Wedner Oct 4 1954	Manner of injury
19. UNDERTAKER A. M. CUffman	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) + a genest my - Tond.	If so, specify
20. FILED 10/2/1934 May Bocse 15.	(Signed) (Address) 1486, and I Haden town by
	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

- Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	f	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
KURHAN Y. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- B
County Wash	Registration Dist. No. 306
Village or City function house	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Still Born	Webb
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 0722 1934	I last saw h say awoon 1 22 , 193 4 death is said
7. AGE Years Months Days If LESS that	to have occurred on the date stated above, atm.
or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as settlews:
8. Trade, profession, or particular kind of work done, as SPINNER,	of row aller
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	gry manys
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Favid Of Wille	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 1 14. BIRTHPLACE (city or town) 1 14. BIRTHPLACE (city or town) 1 15. Strong 15. Str	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Septem Olife	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / Septime Alice for country (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAST of Waster Strains	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Date Date 1939	Manner of injury
19. UNDERTAKER Mariel Abebb (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 2 34 Tw. W. 7 Leguson	(Signed) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Attachment of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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UPA.	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 106.2
nt of OCC	Village or City Near Hagerstown	Registration Dist. No. 30 Ward No. Sharpsburg Pike St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foralgn birth? yrs. mos. ds.
PHYSICIANS of statement	2. FULL NAME Mary E. Wiley (a) Residence: No. Sharpsburg Pike (Usual place of abode)	St., Ward. If nonresident give city or town and State
xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Reprinted	21. DATE OF DEATH October 31, 193 4 (Month) (Day) (Yaar)
stated EXACTL properly classified. certificate.	5a. If married, widowed, or divorced HUSBAND of George W. Wiley Wiley	22. Sept 9 SERTIFY That Lattended deceased from
	6. DATE OF BIRTH (month, day, and yaar) March 13, 1859 7. AGE Yaars Months Oays If LESS than	I last saw h 4 alive on 4 or 31 , 1934; death is said to have occurred on the date stated above, at 5:00Am,
stated prope certific	75 7 18 1 day,hrs	
should be it may be n back of	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Chronic myo consults?
s sh t it on	10. Oate daceasad last workad et this occupation (month and year) 11. Total time (yaers) spent in this occupation	
so	12. BIRTHPLACE (city or town) Washington County (Stata or country) Md.	Other Contributory Causes of importance:
rm	E 13. NAME George W. Bowers	
sur in to See	13. NAME George W. Bowers 14. BIRTHPLACE (city or town) Washington County (State or country) Md.	Name of oparation Date of What test confirmed diagnosis? O Was there an autopsy? MO
be carefully EATH in pla important.	15. MAIOEN NAME Elizabeth Bowman 16. BIRTHPLACE (city or town) Washington County (State or country) Md.	23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?
nould be OF DEA very imp	17. INFORMANT George W. Wiley, (Address) Hagerstown, Md. R F D	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E S	18. BURIAL, CREMATION, OR REMOVAL Place St. Paul Cemet Data Nov. 2 ,1934	Mannar of injury
CAUSE TION	19. UNDERTAKER Fred W. Kraiss, (Addrass) Hagerstown, Id.	24. Was disaase or injury in any wey related to occupation of deceesed? No
(8	20. FILED /// , 1934 & Musff Bowers Registrar.	(Signed) (Addrass) Jagusting 70 S. No. 1

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Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
M	state UPA	1. PLACE OF DEATH	(130)
M	ould stat	county Viceshington	Registration Dist. No. 307
	5 4	Village or City Had a CYS House	No. Mash Co Hospitals, 3 Ward
	= 01	(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	RD. Every YSICIANS statement		now long in 0.5. If of foreign diffur
	ICI Item	2. FULL NAME JOSEPH J. (VOI)	
	RECORD, Every PHYSICIANS Exact statement	(a) Residence: No. \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	St., Ward. If nonresident give city or town and State
	PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECC. PHEXact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
rh	LY	male VV hixe- OR DIVORCED (write the word)	(Month) (Dey) (Year)
BINDING	RMANEN X A C T J	5a. If merried, widowed, or divorced HUSBAND of	(137)
DI	A C assi	(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
Z	[2] [2] (i)	6. DATE OF BIRTH (month, day, and year)	1 1 1 1 1 1 1 1 1 1
		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1974; death is said
FOR	IS A stated proper	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
<u></u>		8. Trade, profession, or particular	were syllows:
G	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	with Retental 1 1 13
<u> </u>		4 Industry or business in which	Cly my ocalditis ?
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	20 .5	SAW MILL, BANK, etc	Chr. Wellsite ?
RESERVED	E 60 +0	11. Totel time (yeers) this occupation (month and year)	V
	ADING I. d. AGE s, so that ructions o	11:	Other Ontributory Causes of importance:
Z	DIT. So so ucti	12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 ulmonary Cubolus 10/21/3
ARGIN	UNFADING supplied. AGI n terms, so tha		
[A]	D H T	E	Campatact
.5	03 = -	(State or country)	Name of operation AD A COLOR Date of 10713/3
		E 15. MAIDEN NAME Sath Thomas	What test confirmed diagnosis? Plan Ex Was there an europsy? The
	INLY, W be carefu EATH in important	15. MAIDEN NAME CATH Thomas 16. BIRTHPLACE (city or town) Character wille	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
	INLY be carried and an annual statement of the statement	(State or country)	Where did injury occur?
	PLAINLY, ould be car F DEATH ery import	17. INFORMANT MYS K: elxen Fuuls	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Hagers town ud.	
	Sh Sh	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	RITE tion s USE ON is	Piack Jean Market Date Date 14, 1934.	Nature of Injury
-	-WRITE mation sl	19. UNDERTAKER A. K. C. N. Ym au	24. Was disease or injury In any way related to occupation of deceased?
S. No. 1	B. T.	(Address) Hagerstour, red	If so, specify
8/2	3	20. FILED 10-23-19346 Kasff Doccres	(Signed) O. A. Burkley y. D.
5	B. 410	Registrar.	(Address) Augenstown, M.d.
WY.	DIMUIS	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1.	. PLACE OF D	EATH /				31
	County /	relicing	don		Registration Dist. No.	430
	Village or City	Hage	islow	الم	No found in Seven of Diston of the	3w
	Length of residence	In city or town where	death occurrad			
2	. FULL NAME	Muku	our	Lufa		
	(a) Residence: N	0.		0	St., Ward.	
			(Usual place	of abode)	If nonsesident give city or town and S	tate
	PERSONAL	AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	SEX 7/1 4.0	OLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH MICHOUN	193
5e.	If married, widowed, or HUSBANO of	divorced	/		22. I HEREBY CERTIFY. That Lattended de	33
	(or) WIFE of		11		22. I HEREBY CERTIFY. That I attended do	
6. 1	DATE OF BIRTH (mont	h, day, end year)	ukuo	en	I last saw h alive on	death is
7. A	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, atm,	
	_			I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of or
NO	8. Trade, profession, kind of work of SAWYER, BOO	or particular lone, as SPINNER, KKEEPER, etc			1	
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				Menicher / Jisty	
000	10. Oate deceased las this occupation year)	t worked et (month end	Sp:	time (years) ent in this upation		
12.	BIRTHPLACE (cily or t	1/10	goist	sun Tuck	Other Coutributory Causes of importanca;	
HER	13. NAME	My	Eusev	n		
FATH	14. BIRTHPLACE (city	or town)			Name of operation Date of	
F	(State or coun		14		What tast confirmed diagnosis? Was there an au	topsy?
HER	15. MAIOEN NAME	My	non	1	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTH	16. BIRTHPLACE (city	or town)			Accidant, suicide, or homicide? Date of injury	, 19
X	(State or coun		241		Where did injury occur?	
17.	INFORMANE (Address)	essy /	hoole	Y MIN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Output Description of the Public PLACE Des	CE.
18.	BURIAL, CREMATION,	OR REMOVA	(0)	15- 3	Manner of injury	
	Plade 7-9	- grown	Oate	19/7	Nature of injury	
19.	UNOERTAKER (Address)	arry/	noze	n mul	24. Was disease or injury In any way related to occupation of deceased? If so, specify	n
	10-13	-184	hreast	Bruer	(Signed) (Hooff Joseph 4;	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 3554			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		5	IAIE	OF	MAR	YLAND-
1	. PLACE O	F DEA	тн // .	-/	2	
	County	MIN AUN	MATERIA	gul		
	Village or	City	lagg	ps	we	on
	Length of res	sidence in ci	ty or fown wher	e_deeth o	ccurred	yrsm
2	. FULL NA		Unti	un	M	Jula
_						
	(a) Reside	nce: ND		(Usual place	of abode)
	PERSO	NAL AN	D STATIS	TICAL	PART	CULARS
3. 8	SEX MI	4. COLO	R OR RACE	5. SI	DIVORCE	RIED, WIDOWED, D (write the word)
	//(<u> </u>	/\/	K	ing	all_
5a.	If married, wido HUSBAND of	wed, or divo	orced			
	(or) WIFE of			-	1	
6. 1	DATE OF BIRTH	(month.da	v. and year)	hus	Luco	in
-		ars	Months		Days	If LESS than
		_	-	- 1	-	ormin.
NO	8. Trede, prof	ession, or p work done, R. BDDKKF	articular es SPINNER, EPER, etc			
OCCUPATION	9. Industry or work w	business I	n which SILK MILL,			
000	ID. Date decea	sed last wo upation (mo	rked et		11. Total i	time (years) ent in this upation
12.	BIRTHPLACE (city or town)	Stag	en	tou	n you
	(State or co	untry)	1. 11			my,
HER	13. NAME		me	coc	on	
FATHER	14. BIRTHPLAC		own)		,	
_		or country)	7/. 4	9 //	^	
H	15. MAIDEN N	AME	mun	m	see	
MOTHER	16. BIRTHPLA		own)	N		
_	(51818)	or country)	111	20	100	1. 07.
17.	(Address)	Has	Lile	2011	Bur	1 mil
18.	. BURIAL, CREMA	TION, OR		501	1	1/2./ 5
	Place	oper	clocen	H. Db	16-1-	131/13
		11/0	essy	20	hod	es o
19.	(Address)	27	Jaker	sts	yen	, mid,
20	FILED 10	13/1	\$3V	6h	soft	Bowe.
20.			0	-4		Registrar.
THE REAL PROPERTY.						

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1	U	()	1	1	

1	F MARY	LAND-	CERTIFICATE OF DEATH	0605
asung	low	m (IF	Notace in Several Disposal Pour 3 death occurred in a hospital or institution, give its NAME instead of street and num	
in city or fown where d	eeth occurred	Lufav	ds. How long in U.S. If of foreign birth?yrsmos	ds.
D	(Usual place o	(4.4.)	St., Ward. If nonresident give city or town and St	ite
AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
COLOR OR RACE	5. SINGLE, MARR	(write the word)	21. DATE OF DEATH Unform	93
divorced	7		found in Seaver 10 (Bay) -	1934
			22. I HEREBY CERTIFY, That I attended dec	eased from
-//	1 1,		, 19, to	., 19
h, day, and year) M	Menor	n	I last saw h alive on; c	leeth is said
Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	1	ormin.	per and all accept	Date of onset
or particular lone, es SPINNER,				
KKEEPER, etcess In which es as SILK MILL, NK, etc			Tremature Berth	
t worked et (month and		me (years) tin this pation	Dither Contributory Causes of Importance:	
own) a fags	ristour	Tul,	Differ Controllery Causes of Importance.	
Mujeu	own			
or town)	//	** * * * * * * * * * * * * * * * * * * *	Name of operation Date of Was there an aut	nneu?
TheR	uner	~	23. If death was due to external causes (VIOL ENCE) fill in also the following:	79371
or town). stry Thooley Suffy Angentoun my			Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	
OR REMOVAL	nu 10,	131/34	Manner of Injury	
larry	Who de	0	Nature of injury	
Hakers	tour	mid,	If so, specify	P

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore/Requesting U. S. No. 1.

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	ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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